

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1348511-0

Total Deleted Page(s) = 3
Page 33 ~ b1; b6; b7C;
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Page 35 ~ b6; b7C;

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Memorandum



Exec AD Adm.	_____
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Exec AD LES	_____
Asst. Dir.:	_____
Adm. Servs.	_____
Crim. Inv.	_____
Ident.	_____
Insp.	_____
Intell.	_____
Lab.	_____
Legal Coun.	_____
Off. Cong. & Public Affs.	_____
Rec. Mgnt.	_____
Tech. Servs.	_____
Training	_____
Off. Liaison & Int. Affs.	_____
Telephone Rm.	_____
Director's Sec'y	_____

AMM
REC To : Assistant Director
Records Management Division (RMD)

Date 03/03/89

From : Section Chief
Operations Section, RMD

Subject : SECURITY CLEARANCE INVESTIGATION PROGRAM
FBI JOINT TASK FORCE -

PURPOSE: To initiate the captioned background investigation.

RECOMMENDATION: That a file for the captioned matter be opened.

Director	Adm. Servs.	Laboratory
Exec. AD-Adm.	Crim. Inv.	Legal Coun.
Exec. AD-Inv.	Ident.	Off. of Cong. & Public Affs.
Exec. AD-LES	Inspection	Rec. Mgnt.
	Intell.	Tech. Servs.
		Training

DETAILS: A request has been received from the Tech. Services WMFO Division that a security clearance be granted for the above individual in connection with the captioned program. In keeping with this request, a background investigation will be initiated and coordinated by a representative of the Industrial Security and Clearance Investigations Unit, Operations Section, Records Management Division. It is therefore recommended that a new file be opened.

Enclosure

b6
b7C

259-

1 - Industrial Security and Clearance Investigations Unit (Attn: Room 4252)EFW:H^{EC}(2)

259-1033-1

12 MAR 3 1989

1 - ENCLOSURE

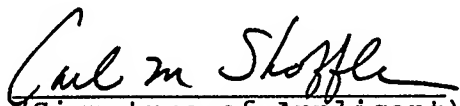
13 MAR 20 1989

A.M.C.I.U.

INSTRUCTIONS: Please
sign and return one of
the two enclosed copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the information solicited from you by personnel of the FBI is needed to complete background inquiries required by the authority granted in Title 28, Part O, Subpart P, Paragraph 0.85, Subparagraph C, Code of Federal Regulations. The furnishing of this information is voluntary on your part and will be used to determine your eligibility for access to FBI space or certain FBI material. You should also be aware that willfully making a false statement or concealing a material fact could be a basis for refusing you access to FBI space or certain FBI material, and may constitute a violation of Section 1001, Title 18, United States Code.

You are not required to execute this form; however, if you do not, this refusal may result in the inability of the FBI to obtain information necessary to complete background inquiries and thus lead to a denial of your request for access to FBI space or certain FBI material.


(Signature of Applicant)
11/30/88
(Date)

ENCLOSURE 259-1033-1

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

Part 1

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33.)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address				ZIP Code	
L SOI	M Location of Security Folder	None At SOI NPI	Other Address				ZIP Code	
N SIBAC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number (including Area Code)		Date	

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME Last Name: <u>SHOFFLER</u> First Name: <u>CARL</u> Middle Name: <u>m</u> Abbrev.:	2 DATE OF BIRTH Month: <u>6</u> Day: <u>17</u> Year: <u>45</u>
3 PLACE OF BIRTH City: <u>ASHLAND</u> County: <u>NORTHUMBERLAND</u> State: <u>PA</u> Country (if not in the United States):	4 SOCIAL SECURITY NUMBER <u>206-34-6087</u>
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it. Name: _____ Month/Year From: _____ Month/Year To: _____ Name: <u>MND/RA 138 EX-100</u> Month/Year From: _____ Month/Year To: _____ Name: <u>DC</u> Month/Year From: _____ Month/Year To: _____	
6 OTHER IDENTIFYING INFORMATION Height (feet and inches): <u>5' 10"</u> Weight (pounds): <u>210</u> Hair Color: <u>BROWN</u> Eye Color: <u>BROWN</u> Sex (mark one box): <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
7 TELEPHONE NUMBERS Work (include Area Code and extension): <u>202-727-4312</u> Home (include Area Code): <u>301-464-2427</u>	
8a CITIZENSHIP Mark the box at the right that applies to you and follow the instructions next to the box you marked. I am a U.S. citizen by birth in the U.S. <input checked="" type="checkbox"/> Go to 8c I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/> Go to 8b I am not a U.S. citizen. <input type="checkbox"/> Go to 8d	
8b UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., enter your mother's maiden name in the box to the right and provide information about one or more of the following proofs of your citizenship. Then go to Item 8c. Naturalization Certificate (Where were you naturalized?) Court: _____ City: _____ State: _____ Certificate Number: _____ Month/Day/Year Issued: _____ Citizenship Certificate (Where was the certificate issued?) City: _____ State: _____ Certificate Number: _____ Month/Day/Year Issued: _____ State Department Form 240-Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. Month/Day/Year: _____ Explanation: _____ U.S. Passport This may be either a current or previous U.S. passport. Passport Number: _____ Month/Day/Year Issued: _____	
8c DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country: _____	
8d ALIEN If you are an alien, provide the following information: Place You Entered the United States: _____ City: _____ State: _____ Date You Entered U.S. Month: _____ Day: _____ Year: _____ Alien Registration Number: _____ Country of Citizenship: _____	

9 WHERE YOU HAVE LIVED

Your Address. In this column, give the information requested for every place you have lived for the past 15 years. Begin with where you live now and work backwards. For any address within the past 3 years that consisted of "General Delivery", a Rural Route, or Star Route, with no designated street address, don't give that as your address; give where you actually lived and then provide in the space available on page 6 general directions for locating it.

Month/Year 5-76	Month/Year Present	Street Address (include apartment number, if any) 2930 TALLOW LANE	State Md	ZIP Code 20715
City Bowie		Country (if outside the United States)		

Month/Year 1-73	Month/Year 5-76	Street Address (include apartment number, if any) 3808 28 TH AVE	State Md	ZIP Code 20748
City Hillcrest Hgts		Country (if outside the United States)		

Month/Year To	Month/Year	Street Address (include apartment number, if any)	State	ZIP Code
City		Country (if outside the United States)		

Month/Year To	Month/Year	Street Address (include apartment number, if any)	State	ZIP Code
City		Country (if outside the United States)		

Month/Year To	Month/Year	Street Address (include apartment number, if any)	State	ZIP Code
City		Country (if outside the United States)		

People Who Knew You. Use this column only for those residences you show on the left that you occupied during the last 3 years. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.

Name	
Street Address (include apartment number, if any)	
City	State ZIP Code

Name	
Street Address (include apartment number, if any)	
City	State ZIP Code

Name	
Street Address (include apartment number, if any)	
City	State ZIP Code

Name	
Street Address (include apartment number, if any)	
City	State ZIP Code

Name	
Street Address (include apartment number, if any)	
City	State ZIP Code

10 WHERE YOU WENT TO SCHOOL

Schools You Attended. In this column, give the information requested below for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended:

1-High School 2-College/University 3-Vocational/Trade School

Month/Year 9-76	Month/Year 5-78	Code 2	Name of School PG. COMMUNITY
Street Address RT 202		Degree/Diploma/Other (show each degree and date received if Code 2.)	
City LARGO MD		State ZIP Code	

Month/Year 9-60	Month/Year 5-63	Code 1	Name of School KULPMONT HIGH
Street Address		Degree/Diploma/Other (show each degree and date received if Code 2.)	
City KULPMONT		State ZIP Code PA	

People Who Knew You. Use this column only for those schools you show on the left that you attended in the last 3 years. Across from each such school, give the name and address of someone (such as an instructor or student) who knew you at the school.

Name (instructor, student, etc.)	
Street Address (include apartment number, if any)	
City	State ZIP Code

Name (instructor, student, etc.)	
Street Address (include apartment number, if any)	
City	State ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

11 YOUR EMPLOYMENT HISTORY Fill in your employment and military history. Begin with the present and work backwards 15 years. Include:

- all full-time work
 - all part-time work
 - all paid work
 - all voluntary work
 - active military duty
 - self-employment
 - all periods of unemployment
- If you were in the military, list each duty station as a separate period of employment.
 - If you worked under a contract with the Federal Government, name your employer, not the Government agency.
 - If you were self-employed or unemployed, name someone who can verify it.
 - If you list an employer or actual place of employment at a location outside the U.S., show city and country in the space for city.

Use the following codes for each segment of your employment history:

- | | | | |
|----------------------------|-----------------------------------|----------------------|------------------|
| 1 - Active military duty | 3 - U.S.P.H.S. Commissioned Corps | 5 - State employment | 7 - Unemployment |
| 2 - National Guard/Reserve | 4 - Other Federal employment | 6 - Self-employment | 8 - Other |

Employment. Provide the information requested for each period of employment. Give the name of your employer. Enter "self-employed" in the box for employer's name when appropriate, and "unemployed" for periods of unemployment.

Immediate Supervisor OR Person to Verify Self-employment or Unemployment. Across from each employment on the left, provide the information requested below.

Month/Year 7-69 To Present	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name Metropolitan Police Department			Street Address (if different than employer's)	
Employer's Street Address 300 Ind Ave			City (Country) Washington	State ZIP Code DC 20001
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year 9-65 To 7-69	Code 1	Your Position Soldier	Supervisor's/Person's Name	Telephone Number
Employer's Name U.S. Army Security Agency			Street Address (if different than employer's)	
Employer's Street Address			City (Country)	State ZIP Code
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year To	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name			Street Address (if different than employer's)	
Employer's Street Address			City (Country)	State ZIP Code
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year To	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name			Street Address (if different than employer's)	
Employer's Street Address			City (Country)	State ZIP Code
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year To	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name			Street Address (if different than employer's)	
Employer's Street Address			City (Country)	State ZIP Code
Actual job location if different from employer's address:			City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

12 PEOPLE WHO KNOW YOU WELL List four people who know you well and live in the United States.

• Don't list spouse, other relatives, or former spouses.

• Try not to list anyone mentioned in items 9, 10, or 11.

Name		Name	
[Redacted]		[Redacted]	
Number of Years Known	Daytime Telephone Number	Number of Years Known	Daytime Telephone Number
8	[Redacted]	18	[Redacted]
Home Address		Home Address	
[Redacted]		[Redacted]	
City, State, ZIP Code		City, State, ZIP Code	
[Redacted]		[Redacted]	
Name		Name	
[Redacted]		[Redacted]	
Number of Years Known	Daytime Telephone Number	Number of Years Known	Daytime Telephone Number
7	[Redacted]	15	[Redacted]
Home Address		Home Address	
[Redacted]		[Redacted]	
City, State, ZIP Code		City, State, ZIP Code	
[Redacted]		[Redacted]	

13a YOUR MEMBERSHIP IN ORGANIZATIONS List all U.S.-based organizations, except labor unions, political, or religious organizations you belonged to in the last 15 years.

Membership From Month/Year To Month/Year	Name of Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

13b YOUR INVOLVEMENT IN FOREIGN ORGANIZATIONS List any foreign-based political or business organizations of which you have been a member, official, employee, or active participant at any time.

Involvement From Month/Year To Month/Year	Name of Foreign Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

14 FOREIGN COUNTRIES YOU HAVE VISITED

• Do not include countries covered in items 9, 10, and 11.

• Use appropriate number code to show the purpose of your visit:

1 - Business

3 - Education

2 - Pleasure

4 - Other

In Country From Month/Year To Month/Year	Code	Country	In Country From Month/Year To Month/Year	Code	Country
6-66 6-67	1	Viet Nam			

15 PERSONAL CONTACT WITH FOREIGN NATIONALS

Have you ever had a personal or continuing contact with a national of a Soviet, Soviet bloc, or communist country? If "YES", provide the information below.

Period of Contact (From/To)	Name of National	Country of National	Nature of Contact

16a MILITARY AND/OR MERCHANT MARINE SERVICE.Have you served in the United States military? ☒ Yes ☐ NoHave you served in the United States Merchant Marine? ☐ Yes ☒ No

(If you served in the United States military, go to 16b and 16c; if you only served in the United States Merchant Marine, go to 16c; if you answered "NO" to both questions, go to question 17.)

16b CURRENT MILITARY STATUS Mark the box that corresponds to your current military status.☒ None☐ Active Duty☐ Active Reserve☐ National Guard☐ Inactive Reserve☐ Retired

Enter your Social Security Number before going to the next page.

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16c ACTIVE SERVICE Show each period of active service (includes active military reserve service). Use one of the following in the box for Code. Mark "O" for Officer or "E" for Enlisted.

1 - Air Force	4 - Marine Corps	7 - National Guard
2 - Army	5 - Coast Guard	
3 - Navy	6 - Merchant Marine	

Month/Year Month/Year	Code	Service or Certificate Number	O	E	Month/Year Month/Year	Code	Service or Certificate Number	O	E
10-65 To 7-69	2	RA 13858900		X					

17 YOUR RELATIVES Give full names and enter the correct code for all relatives, living or dead, specified below:

- | | | | | | |
|----------------|--------------------------|---------------|-------------------|--------------------|---------------|
| 1 - Mother | 4 - Stepfather | 7 - Stepchild | 10 - Stepbrother | 13 - Half-sister | 16 - Guardian |
| 2 - Father | 5 - Foster parent | 8 - Brother | 11 - Stepsister | 14 - Father-in-law | |
| 3 - Stepmother | 6 - Child (adopted also) | 9 - Sister | 12 - Half-brother | 15 - Mother-in-law | |

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/> ELENORE SHOFFLER	1	5-13-29	U.S.	U.S.	337 MELROSE ST KEISER PA	PA
<input type="checkbox"/> ALLEN SHOFFLER	2	3-23-19	U.S.	U.S.	337 MELROSE ST KEISER PA	PA
<input checked="" type="checkbox"/> GEORGE BORD	14	12-11-98	U.S.	U.S.	N/A	
<input type="checkbox"/> MARK BORD	15	11-20-13	U.S.	U.S.	1306 CHEMUNG ST SHAMOKIN PA	PA
<input checked="" type="checkbox"/> ALLEN SHOFFLER	8	7-21-46	U.S.	U.S.	N/A	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

18 YOUR MARITAL STATUS Mark one of the following boxes to show your current marital status:

- | | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> 1 - Never married (go to question 19) | <input type="checkbox"/> 3 - Separated | <input type="checkbox"/> 5 - Divorced |
| <input type="checkbox"/> 2 - Married | <input type="checkbox"/> 4 - Legally separated | <input type="checkbox"/> 6 - Widowed |

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)	
(NEE)	

Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
U.S.			

If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)	State

Address of Current Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code

Former Spouse(s) Complete the following about your former spouse(s).

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State

Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State

Check One, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Address of Former Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code

19 Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If "Yes", provide the information required below. If a United States citizen by other than birth lives with you, show both "United States" and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Yes No
☒

Name of Person	Country of Citizenship	Relationship

Enter your Social Security Number before going to the next page.

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Space For Continuing Answers.

CONTINUATION SPACE: Use the continuation sheets(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions. If more space is needed than what is provided below, go to page 9. Before each answer, identify the number of the question.

17-

17-

17-

b6
b7C

16- U.S. ARMY SECURITY AGENCY - TOP SECRET CRYPTO CLEARANCE

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page.

206-34-6087

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Part 2

OPM
USE
ONLY

Codes

Case Number

Your Selective Service Record

20a Are you a male born after December 31, 1959? If "Yes", go to 20b. If "No", go to 21.

Yes	No
	<input checked="" type="checkbox"/>

20b Have you registered with the Selective Service System? If "Yes", give your registration number:

20c If you answered "No", to 20b, are you legally exempt? If "Yes", state the reason for the exemption:

Your Military Record

21a Have you ever received other than an honorable discharge from the military? If "Yes", provide:

Yes	No
	<input checked="" type="checkbox"/>

Date of Discharge (Month and Year):

Type of Discharge:

21b Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial.

Yes	No
	<input checked="" type="checkbox"/>

Date (Month/Year)	Charge or Specification	Place (City and county/country if outside the United States)	State

Your Employment Record

22 Has any of the following happened to you in the last 15 years? If "Yes", begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.

Yes	No
	<input checked="" type="checkbox"/>

Use the following codes to explain the reason your employment was ended:

1 - Fired from job

3 - Left a job by mutual agreement following allegations of misconduct

5 - Left a job for other reasons under unfavorable circumstances

2 - Quit a job after being told you'd be fired

4 - Left a job by mutual agreement following allegations of unsatisfactory performance

Date (Month/Year)	Code	Employer's Name and Address	State	ZIP Code

Your Police Record

23 If you answer "Yes", to a, b, c, d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16th birthday.

Yes	No
	<input checked="" type="checkbox"/>

23a Have you ever been arrested, charged, or convicted of a felony offense?

23b Have you ever been arrested, charged, or convicted of a firearms or explosives charge?

23c Are there currently any charges pending against you for any criminal offense?

23d Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?

23e Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100.

Yes	No
	<input checked="" type="checkbox"/>

Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine

24 This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or other dangerous or illegal drugs.

Yes	No
	<input checked="" type="checkbox"/>

24a Do you now use, or within the last 5 years have you used, alcoholic beverages habitually to excess?

24b Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs?

Yes	No
	<input checked="" type="checkbox"/>

24c If you answered "Yes" to question a or b above, provide at the top of page 8 information relating to the types of substance(s) used, the periods and frequency of use for each, and any other details or explanation relating to your use of these substances.

Enter your Social Security Number before going to the next page.

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Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine (Continued)

From (Month/Year)	To (Month/Year)	Type of Substance Used	Explanation (In your comments be sure to give the frequency of your use during each period you listed, including the period of most recent use.)

Your Medical Record

25 Have you ever had a nervous breakdown or have you ever had medical treatment for a mental condition? If "Yes", provide information below. Give period of treatment under "From/To" starting from the present. Yes ☐ No ☒

From (Month/Year)	To (Month/Year)	Name/Address of Person, Hospital, or Institution Providing Treatment (Include country if outside the United States)	State	ZIP Code

Your Investigations Record

26 Has the United States Government ever investigated your background? If "Yes", use the codes that follow to provide the requested information below. If "Yes", but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No", or you don't know or can't recall if you were investigated and cleared, check the "No" box. Yes ☐ No ☒

Codes for Investigating Agency			Codes for Security Clearance Received				
1 - Defense Department	4 - FBI		0 - Not Required	3 - Top Secret		6 - Q-Nonsensitive	
2 - State Department	5 - Treasury Department		1 - Confidential	4 - Sensitive Compartmented Information		7 - L	
3 - Office of Personnel Management	6 - Other (Specify)		2 - Secret	5 - Q-Sensitive		8 - Other	
Date (Month/Year)	Agency Code	Other Agency	Clearance Code	Date (Month/Year)	Agency Code	Other Agency	Clearance Code
12-65		DON'T RECALL	2	6-81	2		2

27 To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from Government employment? If "Yes", give date of action and agency. Yes ☐ No ☒

Date (Month/Year)	Department or Agency Taking Action	Date (Month/Year)	Department or Agency Taking Action

Your Financial Record

28a Have you, your spouse, or a company effectively controlled by you filed for bankruptcy? Yes ☐ No ☒
28b Have you, your spouse, or a company effectively controlled by you been declared bankrupt? Yes ☐ No ☒
28c Have you, your spouse, or a company effectively controlled by you been subject to a tax lien or other lien? Yes ☐ No ☒
28d Have you, your spouse, or a company effectively controlled by you had legal judgement rendered against you for a debt? Yes ☐ No ☒

If you answered "Yes" to a, b, c, or d above, provide date of initial action and other information requested below.

Date (Month/Year)	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

29 Are you now over ninety (90) days delinquent on any loan or financial obligation? Include delinquent loans or obligations funded or guaranteed by the Federal Government. (If your answer is "Yes", provide date loan or obligation was made and other information requested below.) Yes ☐ No ☒

Date (Month/Year)	Type of Loan or Obligation	Name/Address of Creditor or Obligor	State	ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

UNITED STATES OF AMERICA

Carefully read this authorization to release information about you, then sign and date it in ink.

AUTHORITY FOR RELEASE OF INFORMATION

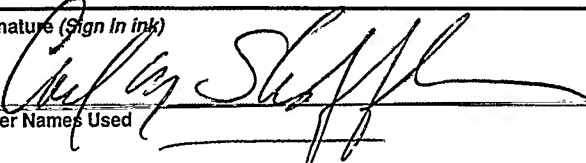
I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature (Sign in ink) 		Full Name (Typed) CARL M. SHOFFLER	
Other Names Used		Social Security Number 206-34-6087	
Current Address (Street, City) 2930 TALLOW LANE Bowie Md.		State Md	ZIP Code 20715
Date 12-15-88	Parent/Guardian Signature (If Required)		
Home Telephone Number (Include Area Code)			

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Special Agent or other authorized representative of the Federal Bureau of Investigation bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation. Consent is granted for the Federal Bureau of Investigation to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the FBI will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name:

Carl M Shoffler
(Signature)

(Include maiden & any other previously-used name)

Full Name:

CARL M SHOFFLER
(Typed or Printed)

(Include maiden & any other previously-used name)

Social Security Account Number:

206 34 6087

Parent or Guardian:
(If required)

Date:

11-30-88

Current Address:

2930 TALLOW LANE

Bowie Md 20715

Telephone Number:

301-464-2427

CPA/Bar Membership(s) STATE

REGISTRATION NUMBER

Witness:

(Special Agent)

Federal Bureau of Investigation

***PERSONA-FILE FOR EMPLOYMENT PURPOSES**

* 007 CBI WASH DC 12501 PROSPERITY DR SILVER SPRING MD 20904
301/680-0770

*SHOFFLER, CARL, M [REDACTED] SINCE 09/12/73 FAD 07/07/88
FN-130

* 2930, TALLOW, LA, BOWIE, MD, 20715
* 3808, 28TH, AVE, HILLCREST HEIGHTS, MD, 20031, CRT RPTD 07/85
* 907, COPLEY, AVE, WALDORF, MD

* MAR-M, BDS-06/17/45, SSS-206-34-6087
*01 ES-DETECTIVE, MET POLICE DEPT, WASHINGT, DC, EMP 00/69
*02 EO-SALES, WOODWARD N LOTHROP CO, SLVR SPG, MD, EMP 00/73

*SUM-08/71-11/88, PR/OI-NO, FB-NO, ACCTS:20, HC\$0-42500, 20-ONES.

*INQS-BG & E 801UE14 07/07/88 WOODIES 491DC5479
09/29/87

*.RESORT INC 864RE74 02/27/87

* FIRM/ID CODE RPTD OPND H/C TRM BAL P/D CS MR ECOA
ACCOUNT NUMBER

*MD BK *801ON119 10/88 04/77 2511 70 2358 R1 12 S
* AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*WOODIES *491DC5479 11/88 03/74 2500 0 R1 60 I
* AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*SEARS *906DC29 11/88 11/74 2017 1964 R1 99 U
* 30(02)60(00)90(00) 01/84-R2, 11/83-R2
DLA 11/88

*CVCH VISA *491ON65852 11/88 01/87 5000 138 4602 R1 21 I
* AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*HECHT CO *491DC2872 10/88 06/74 341 0 R1 59

*PEEBLES *852DC105 11/88 10/76 350 10 29 R1 26 I
* 30(00)60(02)90(00) 11/87-R3, 05/87-R3
DLA 08/88

* AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*CITICORPVS*906BB115 10/88 10/81 3900 20 22 R1 81 A

*FNB-CINN *906BB3796 10/88 11/86 332 10 171 R1 23 J

*CHOICE *905ON309 10/88 06/80 3000 55 1815 R1 02 A

*CHOICE *905ON309 10/88 05/77 2500 0 R1 71 A

* CLOSED ACCOUNT

IA [REDACTED] caused a search to be made
of the files of The Credit Bureau, Incorporated, SILVER SPRING,
D.C., and was advised on 12/20/88, that the files
contained (a satisfactory credit record) (no credit rating),
(no record) for the

b6
b7C

b6
b7C

FBI

TRANSMIT VIA:

☐ Teletype
☐ Facsimile
☒ AIRTEL

PRECEDENCE:

☐ Immediate
☐ Priority
☐ Routine

CLASSIFICATION:

☐ TOP SECRET
☐ SECRET
☐ CONFIDENTIAL
☐ UNCLAS E F T O
☐ UNCLAS

Date 2/27/89

TO: DIRECTOR, FBI (259-)
 ATTN: SSA [redacted] RM. 4268

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 b7C

FROM: SAC, WMFO (259-) (P*) (A-4)

SECURITY CLEARANCE INVESTIGATIONS PROGRAM (SCIP)
 FBI JOINT TASK FORCE
 OO:WMFO

Re telephone call between WMFO SA [redacted]
 [redacted] and FBIHQ SSA [redacted] on 12/19/88.

Enclosed for the Bureau are executed original
 copies of the following documents of the seven candidates:

1. SF-86 "Questionnaire for Sensitive Position"
2. FD-484 "Privacy Act of 1974"
3. FD-406 "Authority to Release Information"

Also enclosed are copies of the credit reports for
 each of the seven candidates.

The following seven
 individuals will be participating in an FBI Task Force
 targeting organized crime in the Metropolitan WDC area. As
 such, they will require unlimited access to FBI office space
 and pertinent investigative files, including OCIS computer
 terminals.

It is requested that a background investigation be
 initiated for each of the seven individuals listed below:

2-Bureau
 (Attn: SSA [redacted])
 3-WMFO
 (1-SSA [redacted] C-11)
 (1-SA [redacted] Security Officer)
 (1-259C-0)

JRM:bp
 (5)

Approved: [Signature]

Transmitted

(Number)

(Time)

Per

GEO : 1987

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 b7C

3/6

WMFO 259C-NEW

	<u>Name</u>	<u>DOB</u>	<u>Agency</u>
1.	CARL M. SHOFFLER	06/17/45	MPD. WDC
2.	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
3.			
4.			
5.			
6.			
7.			

b6
b7C

In an effort to expedite the process WMFO has conducted preliminary investigations consisting of credit and criminal and indices checks. The results of these checks are reported below:

On 12/20/88 a computerized check of the Central Criminal Records Exchange (CCRE), Virginia State Police (USP), Richmond, Va., failed to reflect any information identifiable with candidates [] and [].

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IA [] caused a search to be made of the files of the Fairfax County, Virginia, Police Department, and was advised on 12/22/88, that no record was located regarding []. It is to be noted that in applicant matters only class 3 or 4 misdemeanors are available.

IA [] caused a search to be made of the files of the Arlington, Virginia, Police Department, and was advised on 12/22/88, that no record was located concerning candidates [] and []. It is to be noted that at all times an indefinite number of identified records are out of file and an accurate search can not be made.

IA [] caused a search to be made of the files of the Washington, D.C. Metropolitan Police Department and was advised on 12/27/88, that no record was located concerning candidates SHOFFLER, [] and []. It is to be noted that at all times an indefinite number of unidentified records are out of file and an accurate search can not be made.

IA [] caused a search to be made of the files of the Credit Bureau, Incorporated, Silver Spring, Md. on 12/20/88. All of the candidates appeared to have satisfactory credit ratings. Copies of the credit reports have been enclosed with this communication.

WMFO 259C-NEW

On 1/5/88, IA [] caused a search to be made of the Herndon, Va. Police Department and no record was identifiable with the candidate, []

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On 1/10/89, IA [] searched the files of the U.S. Park Police and no identifiable adult criminal record could be located regarding any of the candidate.

A review of WMFO general indices, confidential indices and Elsur indices revealed numerous items identifiable with each of the candidates, none of which were derogatory. Each of the candidates have assisted with Bureau investigations in the past and that was the nature of the indices report.

WMFO is placing this matter in a pending inactive status awaiting the authorization of FBIHQ to conduct the appropriate background investigation.

**Federal Bureau of Investigation
Records/Operations Sections**

3

FR UTD _____

- ☐ Name Searching Unit, 4989, TL# 121
☐ Service Unit, 4654, TL# 225
☐ Special File Room, 5991, TL# 122
☐ Forward to File Review 5447 TL# 142
☐ Attention _____
☐ Return to _____

19-1111
RECEIVED
 4252

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b7c

Supervisor, Room, TL# , Ext.

Scope of Search: (Check One)

- ☐ Automated Data Base - 5 & 20
☐ Automated Data Base - 5 & 30
☒ Unrestricted (ADB & ~~Inactive~~ Index)

13 1989

Type of Search Requested:

- ☒ All References (Security & Criminal)
☐ Security Search
☐ Criminal Search
☐ Main _____

References Only

Special Instructions:

- ☐ Exact Name Only (On the Nose)
☐ Buildup ☐ Variations
☐ Restricted to Locality of _____

Subject _____

AKA(s) _____

SHOFFER CARL M

Birthdate & Place _____

SSAN _____

Localities _____

R# _____

Date _____

3/6

Searcher Initials _____

40

Prod. _____

3

68. 11.1 11.08

18

File Number

Serial

Ident

ADB

Inactive

Date of
Ref M/Y

L

7

65-45568-5

L

7

-3

MAR

CARL

INT

105-329815-10 Enc 29

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/12/98 BY SP6 JAK/eg
 COMPT 417604

Federal Bureau of Investigation Records/Operations Sections

FR UTD _____, 19____

- ☐ Name Searching Unit, 4989, TL# 121
☐ Service Unit, 4654, TL# 225
☐ Special File Room, 5991, TL# 122
☐ Forward to File Review, 5447, TL# 143
☐ Attention _____
☐ Return to _____

Supervisor, Room, TL# , Ext.

Scope of Search: (Check One)

- ☐ Automated Data Base - 5 & 20
☐ Automated Data Base - 5 & 30
☒ Unrestricted (ADB & ~~Inactive~~ Index)

Type of Search Requested:

- ☒ All References (Security & Criminal)
☐ Security Search
☐ Criminal Search
☐ Main _____ References Only

Special Instructions:

- ☐ Exact Name Only (On the Nose)
☐ Buildup ☐ Variations
☐ Restricted to Locality of _____

Subject Bond, Mary
AKA(s) _____

Birthdate & Place _____

SSAN _____

Localities _____

R# 14 Date 3/6 Searcher Initials (4)
Prod. _____

4-20-13

File Number Serial

Ident

ADB

Inactive

Date of
Ref M/Y

NR-	31-93060			
NR-	105-41307-4			
NR-	100-432133-1			
NR-	100-432133-1			
NR-	61-3176-3013-104			
NR-	97-3959-7-2nd p3			
NR-	100-178306-4-p3			
NR-	157-6-4-477			
NR-	105-128405-1			
NR-	100-429957-10			
NR-	157-6-54-2630			
NR-	157-19214-1			
NR-	157-23254-5			
NR-	100-461234-10			

SPECIAL

#23

R5M

4/87

13

Date: 03/03/89To: Name Searching
File ReviewFrom: Industrial Security and Clearance Investigations Unit
Operations Section
Records Management DivisionDOJ Request: _____ Other: ✓

(1) ☒ Please search subject and relatives on the attached SF-86.
Also included in search should be all organizations which
have been marked off in red.

(2) ☐ Forward to File Review, Room 5447, TL# 143.

(3) ☒ Return to:
ISCIU, Room 4252, TL# 242

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b7C

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

Part 1

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33.)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address			ZIP Code		
L SOI	M Location of Security Folder	None At SOI NPI	Other Address			ZIP Code		
N SIBAC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number (including Area Code)		Date	

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME Last Name: <u>SHOFFLER</u> First Name: <u>CARL</u> Middle Name: <u>m</u> Abbrev.: <u></u>	2 DATE OF BIRTH Month: <u>6</u> Day: <u>17</u> Year: <u>45</u>
3 PLACE OF BIRTH City: <u>ASHLAND</u> County: <u>NORTHUMBERLAND</u> State: <u>PA</u> Country (if not in the United States): <u></u>	4 SOCIAL SECURITY NUMBER <u>206-134-6087</u>
5 OTHER NAMES USED Name: <u></u> From: <u></u> To: <u></u> Name: <u></u> From: <u></u> To: <u></u> Name: <u></u> From: <u></u> To: <u></u> Name: <u></u> From: <u></u> To: <u></u>	
6 OTHER IDENTIFYING INFORMATION Height (feet and inches): <u>5' 10"</u> Weight (pounds): <u>210</u> Hair Color: <u>BROWN</u> Eye Color: <u>BROWN</u> Sex (mark one box): <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	7 TELEPHONE NUMBERS Work (include Area Code and extension): <u>202-727-4312</u> Home (include Area Code): <u>301-464-2427</u>
8a CITIZENSHIP Mark the box at the right that applies to you and follow the instructions next to the box you marked. <input checked="" type="checkbox"/> I am a U.S. citizen by birth in the U.S. Go to 8c <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Go to 8b <input type="checkbox"/> I am not a U.S. citizen. Go to 8d	8b UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., enter your mother's maiden name in the box to the right and provide information about one or more of the following proofs of your citizenship. Then go to Item 8c. Mother's Maiden Name: <u></u>
Naturalization Certificate (Where were you naturalized?) Court: <u></u> City: <u></u> State: <u></u> Certificate Number: <u></u> Month/Day/Year Issued: <u></u>	
Citizenship Certificate (Where was the certificate issued?) City: <u></u> State: <u></u> Certificate Number: <u></u> Month/Day/Year Issued: <u></u>	
State Department Form 240—Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. Month/Day/Year: <u></u> Explanation: <u></u> U.S. Passport: <u></u> This may be either a current or previous U.S. passport. Passport Number: <u></u> Month/Day/Year Issued: <u></u>	
8c DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country: <u></u>	8d ALIEN If you are an alien, provide the following information: Place You Entered the United States: <u></u> City: <u></u> State: <u></u> Date You Entered U.S.: Month: <u></u> Day: <u></u> Year: <u></u> Alien Registration Number: <u></u> Country of Citizenship: <u></u>

9 WHERE YOU HAVE LIVED

Your Address. In this column, give the information requested for every place you have lived for the past 15 years. Begin with where you live now and work backwards. For any address within the past 3 years that consisted of "General Delivery", a Rural Route, or Star Route, with no designated street address, don't give that as your address; give where you actually lived and then provide in the space available on page 6 general directions for locating it.

People Who Knew You. Use this column only for those residences you show on the left that you occupied during the last 3 years. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.

Month/Year Month/Year Street Address (include apartment number, if any)
 5-76 To Present 2930 TALLOW LANE
 City Bowie Md 20715
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City

Month/Year Month/Year Street Address (include apartment number, if any)
 1-73 To 5-76 3808 28TH AVE
 City Hillcrest Hgts Md 20748
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City State ZIP Code

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City State ZIP Code

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City State ZIP Code

10 WHERE YOU WENT TO SCHOOL

Schools You Attended. In this column, give the information requested below for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended:

1-High School 2-College/University 3-Vocational/Trade School

People Who Knew You. Use this column only for those schools you show on the left that you attended in the last 3 years. Across from each such school, give the name and address of someone (such as an instructor or student) who knew you at the school.

Month/Year Month/Year Code Name of School
 9-76 To 5-78 2 PG. Community
 Street Address Rt 202
 City Largo Md State ZIP Code
 Degree/Diploma/Other (show each degree and date received if Code 2.)

Name (instructor, student, etc.)
 Street Address (include apartment number, if any)
 City State ZIP Code

Month/Year Month/Year Code Name of School
 9-60 To 5-63 1 KULPMONT High
 Street Address
 City Kulpmont Pa State ZIP Code
 Degree/Diploma/Other (show each degree and date received if Code 2.)

Name (instructor, student, etc.)
 Street Address (include apartment number, if any)
 City State ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

11. YOUR EMPLOYMENT HISTORY Fill in your employment and military history. Begin with the present and backwards 15 years. Include:

- all full-time work
- all part-time work
- all paid work
- all voluntary work
- active military duty
- self-employment
- all periods of unemployment

- If you were in the military, list each duty station as a separate period of employment.
- If you worked under a contract with the Federal Government, name your employer, not the Government agency.
- If you were self-employed or unemployed, name someone who can verify it.
- If you list an employer or actual place of employment at a location outside the U.S., show city and country in the space for city.

Use the following codes for each segment of your employment history:

- | | | | |
|----------------------------|-----------------------------------|----------------------|------------------|
| 1 - Active military duty | 3 - U.S.P.H.S. Commissioned Corps | 5 - State employment | 7 - Unemployment |
| 2 - National Guard/Reserve | 4 - Other Federal employment | 6 - Self-employment | 8 - Other |

Employment. Provide the information requested for each period of employment. Give the name of your employer. Enter "self-employed" in the box for employer's name when appropriate, and "unemployed" for periods of unemployment.

Immediate Supervisor OR Person to Verify Self-employment or Unemployment. Across from each employment on the left, provide the information requested below.

Month/Year	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
7-69	To Present				

Employer's Name Metropolitan Police Department	Telephone Number (202) 727-4312	Street Address (if different than employer's)			
Employer's Street Address 300 Ind Ave	City (Country) Washington	State DC	ZIP Code 20001	City	State ZIP Code

Actual job location if different from employer's address:	Street Address	City (Country)	State	ZIP Code
---	----------------	----------------	-------	----------

Month/Year	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
9-65	To 7-69	1	Soldier		

Employer's Name U.S. Army Security Agency	Telephone Number	Street Address (if different than employer's)			
Employer's Street Address	City (Country)	State	ZIP Code	City	State ZIP Code

Actual job location if different from employer's address:	Street Address	City (Country)	State	ZIP Code
---	----------------	----------------	-------	----------

Month/Year	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
	To				

Employer's Name	Telephone Number	Street Address (if different than employer's)			
Employer's Street Address	City (Country)	State	ZIP Code	City	State ZIP Code

Actual job location if different from employer's address:	Street Address	City (Country)	State	ZIP Code
---	----------------	----------------	-------	----------

Month/Year	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
	To				

Employer's Name	Telephone Number	Street Address (if different than employer's)			
Employer's Street Address	City (Country)	State	ZIP Code	City	State ZIP Code

Actual job location if different from employer's address:	Street Address	City (Country)	State	ZIP Code
---	----------------	----------------	-------	----------

Month/Year	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
	To				

Employer's Name	Telephone Number	Street Address (if different than employer's)			
Employer's Street Address	City (Country)	State	ZIP Code	City	State ZIP Code

Actual job location if different from employer's address:	Street Address	City (Country)	State	ZIP Code
---	----------------	----------------	-------	----------

Enter your Social Security Number before going to the next page.

➔ **206-34-6087**

12 PEOPLE WHO KNOW YOU WELL List four people who know you well and live in the United States.

• Don't list spouse, other relatives, or former spouses.

• Try not to list anyone mentioned in items 9, 10, or 11.

Name		b6 b7C	
Number of Years Known	Daytime Telephone Number	Number of Years Known	Daytime Telephone Number
8		18	

Home Address	Home Address

Name		b6 b7C	
Number of Years Known	Daytime Telephone Number	Number of Years Known	Daytime Telephone Number
7		15	

Home Address	Home Address

Home Address	Home Address

Home Address	Home Address

13a YOUR MEMBERSHIP IN ORGANIZATIONS List all U.S.-based organizations, except labor unions, political, or religious organizations you belonged to in the last 15 years.

Membership From Month/Year To Month/Year	Name of Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

13b YOUR INVOLVEMENT IN FOREIGN ORGANIZATIONS List any foreign-based political or business organizations of which you have been a member, official, employee, or active participant at any time.

Involvement From Month/Year To Month/Year	Name of Foreign Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

14 FOREIGN COUNTRIES YOU HAVE VISITED • Do not include countries covered in items 9, 10, and 11.
• Use appropriate number code to show the purpose of your visit:1 - Business 3 - Education
2 - Pleasure 4 - Other

In Country From Month/Year To Month/Year	Code	Country	In Country From Month/Year To Month/Year	Code	Country
6-66 6-67	1	Viet NAM			

15 PERSONAL CONTACT WITH FOREIGN NATIONALS Have you ever had a personal or continuing contact with a national of a Soviet, Soviet bloc, or communist country? If "YES", provide the information below.

Period of Contact (From/To)	Name of National	Country of National	Nature of Contact

16a MILITARY AND/OR MERCHANT MARINE SERVICE.


Have you served in the United States military? ☒ Yes ☐ No

Have you served in the United States Merchant Marine? ☐ Yes ☒ No

(If you served in the United States military, go to 16b and 16c; if you only served in the United States Merchant Marine, go to 16c; if you answered "NO" to both questions, go to question 17.)

16b CURRENT MILITARY STATUS Mark the box that corresponds to your current military status.

☒ None ☐ Active Duty ☐ Active Reserve ☐ National Guard ☐ Inactive Reserve ☐ Retired

Enter your Social Security Number before going to the next page.  206-34-6087

16c ACTIVE SERVICE Show each period of active service (includes active military reserve service). Use one of the following in the box for Code. Mark "O" for Officer or "E" for Enlisted.

1 - Air Force	4 - Marine Corps	7 - National Guard
2 - Army	5 - Coast Guard	
3 - Navy	6 - Merchant Marine	

Month/Year	Month/Year	Code	Service or Certificate Number	O	E	Month/Year	Month/Year	Code	Service or Certificate Number	O	E
10-65	7-69	2	RA 13858900		X						

17 YOUR RELATIVES Give full names and enter the correct code for all relatives, living or dead, specified below:

- | | | | | | |
|----------------|--------------------------|---------------|-------------------|--------------------|---------------|
| 1 - Mother | 4 - Stepfather | 7 - Stepchild | 10 - Stepbrother | 13 - Half-sister | b6 - Guardian |
| 2 - Father | 5 - Foster parent | 8 - Brother | 11 - Stepsister | 14 - Father-in-law | b7C |
| 3 - Stepmother | 6 - Child (adopted also) | 9 - Sister | 12 - Half-brother | 15 - Mother-in-law | |

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input checked="" type="checkbox"/> ELENORE SHOFFER	1	5-13-29	U.S.	U.S.	337 MELROSE ST KEISER PA	PA
<input checked="" type="checkbox"/> ALLEN SHOFFER	2	3-23-19	U.S.	U.S.	337 MELROSE ST KEISER PA	PA
<input checked="" type="checkbox"/> GEORGE BORD	14	12-11-98	U.S.	U.S.	N/A	
<input checked="" type="checkbox"/> MARK BORD	15	11-20-13	U.S.	U.S.	1306 CHEMUNGS SHAMOKIN PA	PA
<input checked="" type="checkbox"/> ALLEN SHOFFER	8	7-21-46	U.S.	U.S.	N/A	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

18 YOUR MARITAL STATUS Mark one of the following boxes to show your current marital status:

- | | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> 1 - Never married (go to question 19) | <input type="checkbox"/> 3 - Separated | <input type="checkbox"/> 5 - Divorced |
| <input checked="" type="checkbox"/> 2 - Married | <input type="checkbox"/> 4 - Legally separated | <input type="checkbox"/> 6 - Widowed |

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

	(nee)
--	-------

Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
U.S.			

If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)	State

Address of Current Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code

Former Spouse(s) Complete the following about your former spouse(s).

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Address of Former Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code

19 Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If "Yes", provide the information required below. If a United States citizen by other than birth lives with you, show both "United States" and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Name of Person	Country of Citizenship	Relationship

Enter your Social Security Number before going to the next page.

206-34-6087

#14 LTL PA per [redacted] conversation between [redacted] and [redacted] NSSU 3/6/89 Page 5

Space For Continuing Answers.

CONTINUATION SPACE: Use the continuation sheets(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions. If more space is needed than what is provided below, go to page 9. Before each answer, identify the number of the question.

17-

✓ 17-

✓ 17-

b6
b7C

26- U.S. ARMY SECURITY AGENCY - TOP SECRET CRYPTO CLEARANCE

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page.

206-34-6087

2-NCIC (Return 1 to ISCIU)
2-OCIS (Return 1 to ISCIU)
2-IIS (Return 1 to ISCIU)
2-ELSUR (Return 1 to ISCIU)

To: NCIC, Room 7233
OCIS, Room 3049
IIS, Room 4166
ELSUR, Room 4997

Date:

03/03/89

b6
b7C

From: Industrial Security and Clearance Investigations Unit (ISCIU)
Room 4252

Subject: CARL M. SHOFFLER

BUDED: 03/08/89

The Bureau has been requested to conduct an expedite investigation of the above-named individual, who is being considered for a security clearance. The indicated Unit is requested to check appropriate indices based upon available information concerning subject, employment, and all close relatives. It is requested that the results of your checks, whether positive or negative, be indicated in the spaces provided below, and relayed to the ISCIU, Room 4252, in a sealed envelope.

The subject is described as follows: —

Result: Name: CARL M. SHOFFLER

DPOB: 06/17/45

SSAN: 206-34-6087

Current Residence: 2930 TALLOW LANE

BOWIE MD 20715

Employment: METROPOLITAN POLICE DEPT.

300 IND. AVE. WASH. DC 20001

Close Relatives:

Result:	RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH

See attached

Checked by: SPS

Date:

3/13/89
MAR 08 1989

ELENORE SHOFFLER	NR 1	5-13-29	U.S.	U.S.	337 MELROSE ST KEISER PA
ALLEN SHOFFLER	NR 2	3-23-19	U.S.	U.S.	337 MELROSE ST KEISER PA
GEORGE BORD	14	12-11-98	U.S.	U.S.	N/A
MARK BORD	NR 15	11-20-13	U.S.	U.S.	1306 CHEMUNGS SHAMOKIN PA
ALLEN SHOFFLER	NR 8	7-21-46	U.S.	U.S.	N/A

NR

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

(nee)

Country of Citizenship Date Married Place Married (Include country if outside the U.S.) State

U.S.

If Separated, Date of Separation (Mo./Day/Yr.) If Legally Separated, Where is the Record Located? City (Country) State

Address of Current Spouse (Street, city, and country if outside the U.S.) State ZIP Code

Month/Year 7-69	Month/Year To Present	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name Metropolitan Police Department				Telephone Number (202) 727-4312	
Employer's Street Address 300 IND Ave				Street Address (if different than employer's)	
City (Country) Washington				City	State ZIP Code
State ZIP Code DC 20001					
Actual job location if different from employer's address:				City (Country) State ZIP Code	

Month/Year 7-65	Month/Year To 7-69	Code 1	Your Position Soldier	Supervisor's/Person's Name	Telephone Number
Employer's Name U.S. Army Security Agency				Street Address (if different than employer's)	
Telephone Number					

17-
 17-

MAR 08 1989

N [Redacted]		[Redacted]		b6
Number of Years Known 8	Daytime Telephone Number [Redacted]	Number of Years Known 18	Daytime Telephone Number [Redacted]	b7C
Home Address [Redacted]		[Redacted]		
City [Redacted]	State ZIP Code [Redacted]	City [Redacted]	State ZIP Code [Redacted]	
[Redacted]		[Redacted]		
Number of Years Known 7	Daytime Telephone Number [Redacted]	Number of Years Known 15	Daytime Telephone Number [Redacted]	
[Redacted]		[Redacted]		
City [Redacted]	State ZIP Code [Redacted]	City [Redacted]	State ZIP Code [Redacted]	
[Redacted]		[Redacted]		

N [Redacted]
Street Address (include apartment number, if any) [Redacted]
City [Redacted]
State ZIP Code [Redacted]
[Redacted]
[Redacted]
City [Redacted]
State ZIP Code [Redacted]

MAR 08 1989

Date:

March 6, 1989

To: Identification Division
Attn:

b6
b7C

From: Industrial Security and Clearance Investigations Unit (ISCIU)
Room 4252, TI# 242

ATTN:

Please check the below-listed names through Identification Division records and return as soon as possible:

Subject:

Name

Subject: *EEH*
Name: *036a*
Allen Shoffler

DPOB

3-23-19

Residence

337 Melrose St
Leiser, PA

Citizenship

Close Relatives:

Name/Relationship

DPOB

Residence

Citizenship

FBI/DOJ

MASTER

MASTER

MASTER

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
IDENTIFICATION DIVISION
WASHINGTON, D.C. 20537

3-13-89

Use of the following FBI record, NUMBER None Assigned, is REGULATED BY LAW. It is furnished FOR OFFICIAL USE ONLY and should ONLY BE USED FOR PURPOSE REQUESTED. When further explanation of arrest charge or disposition is needed, communicate directly with the agency that contributed the fingerprints.

CONTRIBUTOR OF FINGERPRINTS	NAME AND NUMBER	ARRESTED OR RECEIVED	CHARGE	DISPOSITION
Schuylkill Co Prison Pottsville PA	Allan Shoffler C-9225	12-15-37	Larceny Of Auto	2 To 18 Months
SINCE NEITHER FINGERPRINTS NOR AN IDENTIFYING NUMBER WHICH IS FURNISHED IN OUR FILES ACCOMPANIED YOUR REQUEST, WE CANNOT GUARANTEE IN ANY MANNER THAT THIS MATERIAL CONCERNS THE INDIVIDUAL IN WHOM YOU ARE INTERESTED.				

MASTER

1-4b (Rev. 7-19-77)

MASTER

MASTER

2

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
IDENTIFICATION DIVISION
WASHINGTON, D. C. 20537

3-13-89

Use of the following information from FBI record, NUMBER None Assigned, is REGULATED BY LAW.
It is furnished FOR OFFICIAL USE ONLY and should ONLY BE USED FOR PURPOSE REQUESTED.

Description and Related Data: ALLAN SHOFFLER

Race: White

Sex: Male

Height: 5'6"

Weight: 135

Hair: Dark Brown

Eyes: Dark Brown

Date and Place of Birth: 2-23-16 Catawissa PA

Scars and Marks: Unknown

Address: Catawissa PA Rd#1 (In 1938)

Occupation: Unknown

Social Security Number: Unknown

SINCE NEITHER FINGERPRINTS NOR
AN IDENTIFYING NUMBER WHICH IS
INDEXED IN OUR FILES ACCOMPANIED
YOUR REQUEST, FBI CANNOT
GUARANTEE IN ANY MANNER THAT
THIS MATERIAL CONCERNS THE
INDIVIDUAL IN WHOM YOU ARE
INTERESTED.

2-NCIC (Return 1 to ISCIU)
2-OCIS (Return 1 to ISCIU)
2-IIS (Return 1 to ISCIU)
2-ELSUR (Return 1 to ISCIU)

To: NCIC, Room 7233
OCIS, Room 3049
IIS, Room 4166
ELSUR, Room 4997

Date: 03/03/89

b6
b7C

From: Industrial Security and Clearance Investigations Unit (ISCIU)
Room 4252

Subject: CARL M. SHOFFLER

BUDED: 03/08/89

Date Searched 3-8-89
Neg. X Pos. 2
Initials SNL

The Bureau has been requested to conduct an expedite investigation of the above-named individual, who is being considered for a security clearance. The indicated Unit is requested to check appropriate indices based upon available information concerning subject, employment, and all close relatives. It is requested that the results of your checks, whether positive or negative, be indicated in the spaces provided below, and relayed to the ISCIU, Room 4252, in a sealed envelope.

The subject is described as follows: —

Result: Name: CARL M. SHOFFLER

DPOB: 06/17/45

SSAN: 206-34-6087

Current Residence: 2930 TALLOW LANE

BOWIE MD 20715

Employment: METROPOLITAN POLICE DEPT.

300 IND. AVE. WASH. DC 20001

Close Relatives:

Result:	RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH

See attached

Checked by: _____

Date: _____

ELENORE ShOFFLER	1	3-29	U.S.	U.S.	337 melrose st Keiser PA	PA
ALLEN ShOFFLER	2	3-23-19	U.S.	U.S.	337 melrose st Keiser PA	PA
GEORGE BORD	14	12-11-98	U.S.	U.S.	N/A	
MARK BORD	15	11-20-13	U.S.	U.S.	1306 Chemung St Shamokin PA	PA
ALLEN ShOFFLER	8	7-21-46	U.S.	U.S.	N/A	

b6
b7C

Security of Citizenship

U.S.

If Separated, Date of Separation (Mo./Day/Yr.)

If Legally Separated, Where is the Record Located? City (Country)

State

Address of Current Spouse (Street, city, and country if outside the U.S.)

State ZIP Code

Month/Year Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
7-69 To Present				
Employer's Name		Telephone Number	Street Address (if different than employer's)	
Metropolitan Police Department		(202) 727-4312		
Employer's Street Address		City (Country)	State	ZIP Code
300 INJ Ave		Washington	DC	20001
Actual job location if different from employer's address:		Street Address	City (Country)	State ZIP Code
Month/Year Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
9-65 To 9-69	1	Soldier		
Employer's Name		Telephone Number	Street Address (if different than employer's)	
U.S. Army Security Agency				

b6
b7C

17-

17-

Name [Redacted]		Name [Redacted]		b6 b7C
Number of Years Known 8	Daytime Telephone Number [Redacted]	Number of Years Known 18	Daytime Telephone Number [Redacted]	
Home Address [Redacted]		Home Address 9812 Montyville DR		State, ZIP Code
[Redacted]				
[Redacted]		[Redacted]		
Number of Years Known 7	Daytime Telephone Number [Redacted]	Number of Years Known 15	Daytime Telephone Number [Redacted]	
Home Address [Redacted]		[Redacted]		
[Redacted]				

Name	[Redacted]
Street	[Redacted]
City	[Redacted]
Name	[Redacted]
Street Address (include apartment number, if any)	[Redacted]
City	[Redacted]

b6
b7C

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

Part 1

OPM
USE
ONLY

Codes

Case Number

Agency Use Only: (Complete items A through P using instructions in FPM Supplement 296-33.)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code		I Position Title					
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address		ZIP Code			
L SOI	M Location of Security Folder	None At SOI NPI	Other Address		ZIP Code			
N SIBAC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number (including Area Code)		Date	

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME Last Name First Name Middle Name Abbrev.	2 DATE OF BIRTH Month Day Year
1. If you have only initials in your name, use them. 2. If you have no middle name, enter "NMN". 3. If you are a "Jr.", "Sr.", "II", etc., enter the abbreviation in the box after your middle name.	
Last Name: <u>SHOFFLER</u> First Name: <u>CARL</u> Middle Name: <u>m</u> Abbrev.: <u></u> Month: <u>6</u> Day: <u>17</u> Year: <u>45</u>	
3 PLACE OF BIRTH City County State Country (if not in the United States)	4 SOCIAL SECURITY NUMBER
City: <u>ASHLAND</u> County: <u>NORTHUMBERLAND</u> State: <u>PA</u> Country: <u></u>	206-34-6087
5 OTHER NAMES USED Name Month/Year From Month/Year To Name Month/Year From Month/Year To Name Month/Year From Month/Year To	
Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.	
6 OTHER IDENTIFYING INFORMATION Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (mark one box)	5' 10" 210 BROWN BROWN Female <input type="checkbox"/> Male <input checked="" type="checkbox"/>
7 TELEPHONE NUMBERS Work (include Area Code and extension) Home (include Area Code)	202-727-4312 301-464-2427
8a CITIZENSHIP Mark the box at the right that applies to you and follow the instructions next to the box you marked.	I am a U.S. citizen by birth in the U.S. <input checked="" type="checkbox"/> Go to 8c I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/> Go to 8b I am not a U.S. citizen. <input type="checkbox"/> Go to 8d
8b UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., enter your mother's maiden name in the box to the right and provide information about one or more of the following proofs of your citizenship. Then go to Item 8c.	Mother's Maiden Name
Naturalization Certificate (Where were you naturalized?) Court City State Certificate Number Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?) City State Certificate Number Month/Day/Year Issued	
State Department Form 240-Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. Month/Day/Year Explanation	
U.S. Passport This may be either a current or previous U.S. passport. Passport Number Month/Day/Year Issued	
8c DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
8d ALIEN If you are an alien, provide the following information:	Place You Entered the United States: City State Date You Entered U.S. Month Day Year Alien Registration Number Country of Citizenship

9 WHERE YOU HAVE LIVED

Your Address. In this column, give the information requested for every place you have lived for the past 15 years. Begin with where you live now and work backwards. For any address within the past 3 years that consisted of "General Delivery", a Rural Route, or Star Route, with no designated street address, don't give that as your address; give where you actually lived and then provide in the space available on page 6 general directions for locating it.

People Who Knew You. Use this column only for those residences you show on the left that you occupied during the last 3 years. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.

Month/Year Month/Year Street Address (include apartment number, if any)
 5-76 To Present 2930 TALLOW LANE
 City Bowie State MD ZIP Code 20715
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City

Month/Year Month/Year Street Address (include apartment number, if any)
 1-73 To 5-76 3808 28TH AVE
 City Hillcrest Hgts State MD ZIP Code 20748
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City State ZIP Code

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City State ZIP Code

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Name
 Street Address (include apartment number, if any)
 City State ZIP Code

10 WHERE YOU WENT TO SCHOOL

Schools You Attended. In this column, give the information requested below for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended:

1-High School 2-College/University 3-Vocational/Trade School

People Who Knew You. Use this column only for those schools you show on the left that you attended in the last 3 years. Across from each such school, give the name and address of someone (such as an instructor or student) who knew you at the school.

Month/Year Month/Year Code Name of School
 9-76 To 5-78 2 PG. Community
 Street Address RT 202 Degree/Diploma/Other (show each degree and date received if Code 2.)
 City LARGO MD State ZIP Code

Name (instructor, student, etc.)
 Street Address (include apartment number, if any)
 City State ZIP Code

Month/Year Month/Year Code Name of School
 9-60 To 5-63 1 KULPMONT HIGH
 Street Address Degree/Diploma/Other (show each degree and date received if Code 2.)
 City KULPMONT PA State ZIP Code

Name (instructor, student, etc.)
 Street Address (include apartment number, if any)
 City State ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

11 YOUR EMPLOYMENT HISTORY Fill in your employment and military history. Begin with the present and work backwards 15 years. Include:

- all full-time work
 - all paid work
 - active military duty
 - all periods of unemployment
 - all part-time work
 - all voluntary work
 - self-employment
- If you were in the military, list each duty station as a separate period of employment.
 - If you worked under a contract with the Federal Government, name your employer, not the Government agency.
 - If you were self-employed or unemployed, name someone who can verify it.
 - If you list an employer or actual place of employment at a location outside the U.S., show city and country in the space for city.

Use the following codes for each segment of your employment history:

- | | | | |
|----------------------------|-----------------------------------|----------------------|------------------|
| 1 - Active military duty | 3 - U.S.P.H.S. Commissioned Corps | 5 - State employment | 7 - Unemployment |
| 2 - National Guard/Reserve | 4 - Other Federal employment | 6 - Self-employment | 8 - Other |

Employment. Provide the information requested for each period of employment. Give the name of your employer. Enter "self-employed" in the box for employer's name when appropriate, and "unemployed" for periods of unemployment.

Immediate Supervisor OR Person to Verify Self-employment or Unemployment. Across from each employment on the left, provide the information requested below.

Month/Year 7-69	Month/Year To Present	Code	Your Position Prescott	Employer's Name Metropolitan Police Department	Telephone Number (202) 727-4312
Employer's Street Address 300 Ind Ave				City (Country) Washington	State ZIP Code DC 20001
Actual job location if different from employer's address:		Street Address		City (Country)	

Month/Year 7-65	Month/Year To 7-69	Code 1	Your Position Soldier	Supervisor's/Person's Name U.S. Army Security Agency	Telephone Number
Employer's Street Address				City (Country)	State ZIP Code
Actual job location if different from employer's address:		Street Address		City (Country)	

Month/Year To	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name				City (Country)	State ZIP Code
Actual job location if different from employer's address:		Street Address		City (Country)	

Month/Year To	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name				City (Country)	State ZIP Code
Actual job location if different from employer's address:		Street Address		City (Country)	

Month/Year To	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name				City (Country)	State ZIP Code
Actual job location if different from employer's address:		Street Address		City (Country)	

Month/Year To	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name				City (Country)	State ZIP Code
Actual job location if different from employer's address:		Street Address		City (Country)	

Month/Year To	Month/Year	Code	Your Position	Supervisor's/Person's Name	Telephone Number
Employer's Name				City (Country)	State ZIP Code
Actual job location if different from employer's address:		Street Address		City (Country)	

Enter your Social Security Number before going to the next page.

206-34-6087

12 PEOPLE WHO KNOW YOU WELL List four people who know you well and live in the United States.

• Don't list spouse, other relatives, or former spouses.

• Try not to list anyone mentioned in items 9, 10, or 11.

b6
b7C

Number of Years Known

Day

Number of Years Known

Daytime Telephone Number

Home Address

Home Address

Number of Years Known

Day

Number of Years Known

Daytime

Home

13a YOUR MEMBERSHIP IN ORGANIZATIONS List all U.S.-based organizations, except labor unions, political, or religious organizations you belonged to in the last 15 years.

Membership From Month/Year To Month/Year	Name of Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

13b YOUR INVOLVEMENT IN FOREIGN ORGANIZATIONS List any foreign-based political or business organizations of which you have been a member, official, employee, or active participant at any time.

Involvement From Month/Year To Month/Year	Name of Foreign Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

14 FOREIGN COUNTRIES YOU HAVE VISITED • Do not include countries covered in items 9, 10, and 11.

• Use appropriate number code to show the purpose of your visit:

1 - Business
2 - Pleasure
3 - Education
4 - Other

In-Country From Month/Year To Month/Year	Code	Country	In-Country From Month/Year To Month/Year	Code	Country
6-66 6-67	1	Viet NAM			

15 PERSONAL CONTACT WITH FOREIGN NATIONALS Have you ever had a personal or continuing contact with a national of a Soviet, Soviet bloc, or communist country? If "YES", provide the information below.

Period of Contact (From/To)	Name of National	Country of National	Nature of Contact

16a MILITARY AND/OR MERCHANT MARINE SERVICE.Have you served in the United States military? ☒ Yes ☐ NoHave you served in the United States Merchant Marine? ☐ Yes ☒ No

(If you served in the United States military, go to 16b and 16c; if you only served in the United States Merchant Marine, go to 16c; if you answered "NO" to both questions, go to question 17.)

16b CURRENT MILITARY STATUS Mark the box that corresponds to your current military status.☒ None☐ Active Duty☐ Active Reserve☐ National Guard☐ Inactive Reserve☐ Retired

Enter your Social Security Number before going to the next page.

206-34-6087

16c ACTIVE SERVICE Show each period of active service (includes active military reserve service). Use one of the following in the box for Code. Mark "O" for Officer or "E" for Enlisted.

1 - Air Force	4 - Marine Corps	7 - National Guard
2 - Army	5 - Coast Guard	
3 - Navy	6 - Merchant Marine	

Month/Year Month/Year	Code	Service or Certificate Number	O	E	Month/Year Month/Year	Code	Service or Certificate Number	O	E
10-65 To 7-69	2	RA 13858900		X					

17 YOUR RELATIVES Give full names and enter the correct code for all relatives, living or dead, specified below:

- | | | | | | |
|----------------|--------------------------|---------------|-------------------|--------------------|---------------|
| 1 - Mother | 4 - Stepfather | 7 - Stepchild | 10 - Stepbrother | 13 - Half-sister | 16 - Guardian |
| 2 - Father | 5 - Foster parent | 8 - Brother | 11 - Stepsister | 14 - Father-in-law | |
| 3 - Stepmother | 6 - Child (adopted also) | 9 - Sister | 12 - Half-brother | 15 - Mother-in-law | |

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/> ELENORE SHOFFLER	1	5-13-29	U.S.	U.S.	337 MELROSE ST KEISER PA	PA
<input type="checkbox"/> ALLEN SHOFFLER	2	3-23-19	U.S.	U.S.	337 MELROSE ST KEISER PA	PA
<input checked="" type="checkbox"/> GEORGE BORD	14	12-11-98	U.S.	U.S.	N/A	
<input type="checkbox"/> MARK BORD	15	11-20-13	U.S.	U.S.	1306 CHEMUNGS SHAMOKIN PA	PA
<input checked="" type="checkbox"/> ALLEN SHOFFLER	8	7-21-46	U.S.	U.S.	N/A	

18 YOUR MARITAL STATUS Mark one of the following boxes to show your current marital status:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> 1 - Never married (go to question 19) | <input type="checkbox"/> 3 - Separated | <input type="checkbox"/> 5 - Divorced |
| <input checked="" type="checkbox"/> 2 - Married | <input type="checkbox"/> 4 - Legally separated | <input type="checkbox"/> 6 - Widowed |

b6
b7C

Current Spouse Complete the following about your current spouse

Full Name (Last, first, middle initial, name, maiden name, etc., and show dates used for each name)

Country of Birth	Country of Citizenship
------------------	------------------------

If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)	State
--	---	-------

Address of Current Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code
---	-------	----------

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
-----------	---------------	--	-------

Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
------------------------	--------------	---	-------

Check One, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
---------------------------	----------------	--	-------

Address of Former Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code
--	-------	----------

19 Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If "Yes", provide the information required below. If a United States citizen by other than birth lives with you, show both "United States" and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Yes No
X

Name of Person	Country of Citizenship	Relationship

Enter your Social Security Number before going to the next page.

206-174-6087

Space For Continuing Answers

CONTINUATION SPACE: Use the continuation sheets(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions. If more space is needed than what's provided below, go to page 9. Before each answer, identify the number of the question.

17-

17-

17-

b6
b7C

16- U.S. ARMY security AGENCY - TOP SECRET CRYPTO Clearance

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page.

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4636

Part 2

OPM
USE
ONLY

Codes

Case Number

Your Selective Service Record

20a Are you a male born after December 31, 1959? If "Yes", go to 20b. If "No", go to 21.

Yes	No
	<input checked="" type="checkbox"/>

20b Have you registered with the Selective Service System? If "Yes", give your registration number:

20c If you answered "No" to 20b, are you legally exempt? If "Yes", state the reason for the exemption:

Yes	No

Your Military Record

21a Have you ever received other than an honorable discharge from the military? If "Yes", provide:

Yes	No
	<input checked="" type="checkbox"/>

Date of Discharge (Month and Year):

Type of Discharge:

21b Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial.

Yes	No
	<input checked="" type="checkbox"/>

Date (Month/Year)	Charge or Specification	Place (City and county/country if outside the United States)	State

Your Employment Record

22 Has any of the following happened to you in the last 15 years? If "Yes", begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.

Yes	No
	<input checked="" type="checkbox"/>

Use the following codes to explain the reason your employment was ended:

1 - Fired from job

3 - Left a job by mutual agreement following allegations of misconduct

5 - Left a job for other reasons under

2 - Quit a job after being told
you'd be fired

4 - Left a job by mutual agreement following allegations of unsatisfactory
performance

unfavorable circumstances

Date (Month/Year)	Code	Employer's Name and Address	State	ZIP Code

Your Police Record

23 If you answer "Yes", to a, b, c, d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16th birthday.

Yes	No

23a Have you ever been arrested, charged, or convicted of a felony offense?

23b Have you ever been arrested, charged, or convicted of a firearms or explosives charge?

23c Are there currently any charges pending against you for any criminal offense?

23d Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?

23e Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100.

Yes	No
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine

24 This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or other dangerous or illegal drugs.

Yes	No

24a Do you now use, or within the last 5 years have you used, alcoholic beverages habitually to excess?

24b Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs?

Yes	No
<input checked="" type="checkbox"/>	

24c If you answered "Yes" to question a or b above, provide at the top of page 8 information relating to the types of substance(s) used, the periods and frequency of use for each, and any other details or explanation relating to your use of these substances.

Enter your Social Security Number before going to the next page.

206-34-6087

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine (Continued)

From (Month/Year)	To (Month/Year)	Type of Substance Used	Explanation (In your comments be sure to give frequency of your use during each period you listed, including the period of most recent use.)

Your Medical Record

25 Have you ever had a nervous breakdown or have you ever had medical treatment for a mental condition? If "Yes", provide information below. Give period of treatment under "From/To" starting from the present. Yes ☐ No ☒

From (Month/Year)	To (Month/Year)	Name/Address of Person, Hospital, or Institution Providing Treatment (Include country if outside the United States)	State	ZIP Code

Your Investigations Record

26 Has the United States Government ever investigated your background? If "Yes", use the codes that follow to provide the requested information below. If "Yes", but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No", or you don't know or can't recall if you were investigated and cleared, check the "No" box. Yes ☒ No ☐

Codes for Investigating Agency

- 1 - Defense Department
- 2 - State Department
- 3 - Office of Personnel Management
- 4 - FBI
- 5 - Treasury Department
- 6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
- 1 - Confidential
- 2 - Secret
- 3 - Top Secret
- 4 - Sensitive Compartmented Information
- 5 - Q-Sensitive
- 6 - Q-Nonsensitive
- 7 - L
- 8 - Other

Date (Month/Year)	Agency Code	Other Agency	Clearance Code	Date (Month/Year)	Agency Code	Other Agency	Clearance Code
12-65		DON'T RECALL	0	6-81	2		2

27 To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from Government employment? If "Yes", give date of action and agency. Yes ☐ No ☒

Date (Month/Year)	Department or Agency Taking Action	Date (Month/Year)	Department or Agency Taking Action

Your Financial Record

- 28a** Have you, your spouse, or a company effectively controlled by you filed for bankruptcy? Yes ☐ No ☒
- 28b** Have you, your spouse, or a company effectively controlled by you been declared bankrupt? Yes ☐ No ☒
- 28c** Have you, your spouse, or a company effectively controlled by you been subject to a tax lien or other lien? Yes ☐ No ☒
- 28d** Have you, your spouse, or a company effectively controlled by you had legal judgement rendered against you for a debt? Yes ☐ No ☒

If you answered "Yes" to a, b, c, or d above, provide date of initial action and other information requested below.

Date (Month/Year)	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

29 Are you now over ninety (90) days delinquent on any loan or financial obligation? Include delinquent loans or obligations funded or guaranteed by the Federal Government. (If your answer is "Yes", provide date loan or obligation was made and other information requested below.) Yes ☐ No ☒

Date (Month/Year)	Type of Loan or Obligation	Name/Address of Creditor or Obligor	State	ZIP Code

Enter your Social Security Number before going to the next page.

➡ 206-34-6087

Your Association Record

	Yes	No
30a Have you ever been a member, officer, or employee of the Communist Party?		X
30b Have you ever been a member, officer, or employee of any organization, association, or group which: 1) advocates the overthrow of our Government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of Government by unconstitutional means?		X
30c Have you ever made a financial or other material contribution to any organization of the type described in Questions 30a or 30b? If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f.		X
30d At the time of your membership, participation, or contribution did you know of the unlawful aims of the organization(s)?		
30e Did you intend to promote the unlawful aims of the organization(s)?		
30f List each organization and provide an explanation of your involvement and activities with each one:		

Continuation Space

Use the continuation sheet(s) (*SF 86A*) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the question.

After completing Parts 1 and 2 of this form, you should review your answers to all questions to make sure the form is complete and accurate and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

I read and understood the instructions explaining the purpose of this form and the Federal Government's authority for asking the questions. I read each question asked of me and understood each question. I understand that if I did not tell the truth on this form or did not list all relevant or material facts or events, the Federal Government may fire me, may not hire me, may deny or revoke my clearance, or may prosecute me. I understand that prosecution may result in my being fined up to \$10,000, imprisoned up to 5 years, or both.

Signature (Sign in Ink)

Date _____

Signature (Sign in Ink): Carl M Shoffler

11-30-88

Enter your Social Security Number before going to the next page.

206-34-6087

UNITED STATES OF AMERICA

Carefully read this authorization to release information about you, then sign and date it in ink.

AUTHORITY FOR RELEASE OF INFORMATION

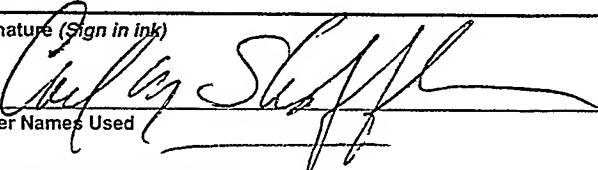
I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature (Sign in ink) 		Full Name (Typed) CARL M. SHOFFLER	
Other Names Used		Social Security Number 206-34-6087	
Current Address (Street, City) 2930 TALLOW LANE Bowie Md.		State Md	ZIP Code 20715
Date 12-15-88	Parent/Guardian Signature (If Required)		

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Special Agent or other authorized representative of the Federal Bureau of Investigation bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation. Consent is granted for the Federal Bureau of Investigation to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the FBI will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name:

Carl M Shoffler
(Signature)
(Include maiden & any other previously-used name)

Full Name:

CARL M SHOFFLER
(Typed or Printed)
(Include maiden & any other previously-used name)

Social Security Account Number: 206 34 6087

Parent or Guardian:
(If required)

Date:

11-30-88

Current Address:

2930 TALLOW LANE
Bowie Md 20715

Telephone Number:

301-464-2427CPA/Bar Membership(s) STATEREGISTRATION NUMBER

Witness:

(Special Agent)

Federal Bureau of Investigation



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

BY COURIER

Date:

In Reply, Please Refer to

b6

To: Director, Central Intelligence Agency

File No.

b7C

☒ Attention: Deputy Director for Operations☐ Attention: Director of Security

From: Director, Federal Bureau of Investigation

Subject: *CARL M. SHOFFER**SHOFFER*

NAME CHECK REQUEST

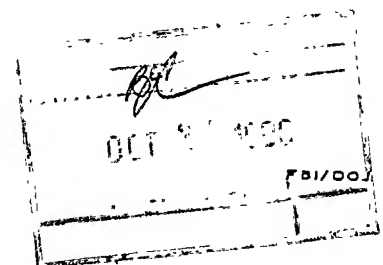
It is requested this Bureau be furnished all information available in the files of your Agency's ☐ Office of the Director of Security ☒ Office of the Deputy Director for Operations, concerning captioned subject. Positive information should be attached to a copy of this form classified where appropriate and returned to this Bureau. If the requested check is negative, a stamped notation to this effect and return of a copy of this form is requested.

Date and Place of Birth	<i>6/17/45</i>	Aliases	Sex	Marital Status	Spouse's Name
<i>Ashland, Pa</i>			<i>M</i>		
Residence Address	Occupation				
<i>2930 Tallow Lane</i> <i>Bowie MD</i> <i>2071</i>	<i>Police</i>				
Current Employer	Employments				
<i>Metropolitan Police</i> <i>300 Ind. Ave. wa</i>	<i>Army Security Agency</i>				
Additional Remarks:					
<i>MAR 21 1965</i> <i>b3 50 USC 403-1(i) (1) and 403g,</i> <i>Candidate has had foreign travel</i>					

- 2 - Deputy Director for Operations
- 2 - Director of Security

*259-1033-3**1* ENCLOSURE

239





U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

BY COURIER

Date:

In Reply, Please Refer to
File No.

To: Director, Central Intelligence Agency

☐ Attention: Deputy Director for Operations☒ Attention: Director of Security

Return to Room 4382

From: Director, Federal Bureau of Investigation

Subject: *CARL M. SIOFFLER*

b3 50 USC 403-1(i)(1) and 403g,

NAME CHECK REQUEST

☒ Office of the Director of Security ☐ Office of the Deputy Director for Operations, concerning captioned subject. Positive information should be attached to a copy of this form classified where appropriate and returned to this Bureau. If the requested check is negative, a stamped notation to this effect and return of a copy of this form is requested.

Date and Place of Birth <i>6/17/45</i> <i>Astland, Pa</i>	Aliases	Sex <i>M</i>	Marital Status	Spouse's Name
Residence Address <i>2930 Willow Lane</i> <i>Bowie MD</i> <i>20715</i>		Occupation <i>Police</i>		
Current Employer <i>Metropolitan Police Dept</i> <i>300 Ind. Ave. Wash DC</i> <i>20001</i>		Former Employments <i>U.S. Army Security Agency</i>		
Additional Remarks: <i>Candidate has had foreign travel</i>				

- 2 - Deputy Director for Operations
- 2 - Director of Security

259-1033-3

FBI/DOJ

MAR 1989

Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attn: Mr. Charles Alliman)

April 12, 1989

[Redacted]
Security Programs Manager
Federal Bureau of Investigation (FBI)

b6
b7C

SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WASHINGTON METROPOLITAN
FIELD OFFICE (WMFO)

ACTION MEMORANDUM

In accordance with Department Order 2620.6, entitled
"Procedures For Requesting a Department of Justice Security
Clearance For Non-Contractor Personnel Outside the Executive
Branch," Interim "Top Secret" security clearances are being
requested for the below-listed individuals:

CARL M. SHOFFLER
DPOB: June 17, 1945; Asland, Pennsylvania
SSAN: 206-34-6087
EMPLOYER: Metropolitan Police Department, (MPD),
Washington, D.C.

[Redacted]

b6
b7C

[Redacted]

[Redacted]

259-1033-4

[Redacted]

[Redacted]

Exec AD Adm. 259-1033 (Carl M. Shoffler) ✓

Exec AD Inv. [Redacted]
Exec AD LES [Redacted]
Asst. Dir.: [Redacted]
Adm. Servs. [Redacted]
Crim. Inv. [Redacted]
Ident. [Redacted]
Insp. [Redacted]
Intell. [Redacted]
Lab. [Redacted]
Legal Coun. [Redacted]

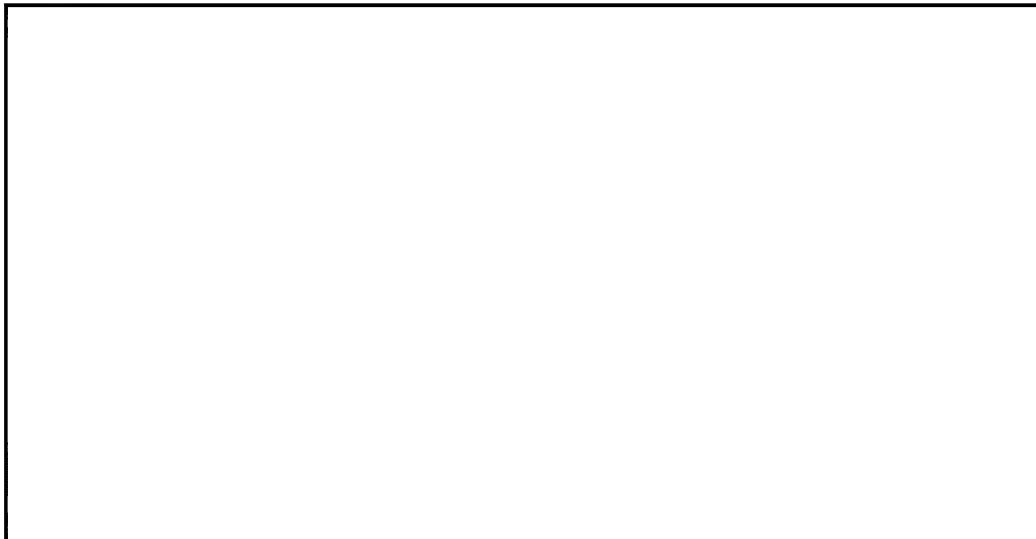
Off. Cong. & Public Affs. JLF/LAB:njh (9)
Rec. Mgnt. [Redacted]
Tech. Servs. [Redacted]
Training [Redacted]

Off. Liaison & Int. Affs. [Redacted]
Telephone Rm. [Redacted]
Director's Sec'y MAIL ROOM ☐

SEE NOTE, PAGE 3
[Handwritten signature and date 4/13/89]

Handwritten: Sent Carney to DOJ 4/13/89

Mr. D. Jerry Rubino



b6
b7C

The above listed individuals are employed with local law enforcement agencies and are assigned to the FBI WMFO Joint Organized Crime Task Force. They will require immediate access to national security information.

The central files of FBIHQ and WMFO indices disclosed no information identifiable with [redacted]

b6
b7C

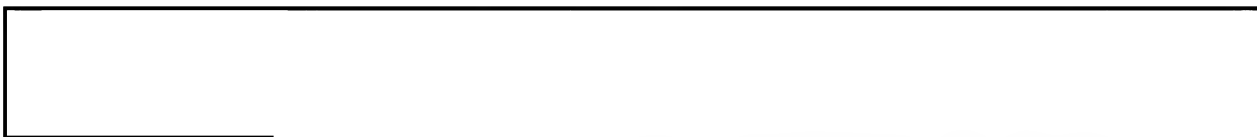
The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with [redacted] or Shoffler.

The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with [redacted] except as follows:



b6
b7C

[redacted] No further pertinent information was found.



[redacted] No further pertinent information was found.

A review of records, Identification Division, FBI Headquarters was negative concerning all candidates.

Mr. D. Jerry Rubino

Appropriate arrest checks conducted by WMFO were negative concerning the individuals.

Records, Credit Bureau Incorporated, Silver Spring, Maryland, disclosed all candidates have a satisfactory credit rating.

The Department Security Officer is requested to authorize the initiation of background investigations on the above listed individuals.

It is also requested the Department Security Officer approve the granting of interim "Top Secret" security clearances to them and furnish the appropriate Security Briefing Packages to the Security Programs Manager, FBI.

It is in the best interest of national security to grant these clearances.

Enclosed for your review are the candidates' SF-86.

Approved:

Disapproved:

Department Security Officer
Department of Justice

Department Security Officer
Department of Justice

NOTE : The FBI WMFO office requested interim "Top Secret" security clearances for Carl M. Shoffler. [redacted]

[redacted]
[redacted]
[redacted] by airtel dated February 27, 1989, captioned "Security Clearance Investigations Program (SCIP); FBI Joint Task Force."

b6
b7C

Memorandum



Subject

Request for Interim Top Secret
Security Clearances

Date

APR 19 1989

To

From

[Redacted]
Security Programs Manager
Federal Bureau of Investigation

D. Perry Rubino
D. Perry Rubino
Department Security Officer

Reference is made to your memorandum dated April 12, 1989, (copy attached), wherein authority was requested for the Federal Bureau of Investigation (FBI) to conduct background investigations pursuant to Department of Justice Order 2620.6, "Procedures for Requesting a Department of Justice Security Clearance for Noncontractor Personnel Outside the Executive Branch."

b6
b7C

I have approved this request. Also, as requested Interim Top Secret security clearances have been approved for Carl M. Shoffler, [Redacted]
[Redacted]

These interim clearances and access approvals are limited to that information necessary for the above-mentioned individuals to perform their duties in connection with the Washington Metropolitan Task Force.

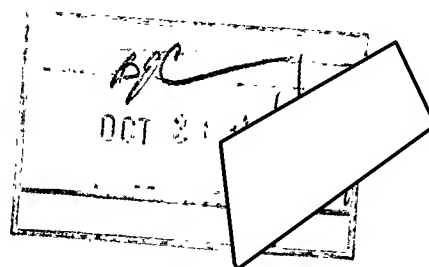
These interim clearances are further conditioned upon these individuals' being briefed for access to National Security Information (NSI), and signing the acknowledgment letter that they will read and become familiar with the regulation concerning classification, declassification, and safeguarding of NSI as described in 28 CFR Part 17. Copies of the acknowledgment letters, Standard Forms 312, and the above-referenced regulation are attached. The original acknowledgment letters and Standard Forms 312 should be signed and forwarded to this office.

Please furnish this office with the results of these investigations so that the required trustworthiness determinations can be made and final clearances granted. Should you have any questions on this matter, please have a member of your staff call Sandra Hertz on 633-2351.

Attachments

as per dated in case files of

[Redacted]



b6
b7C

*4/24/89 for
or
packages to be prepared for DMFO.*

*Given to
[Signature]*

Memorandum



To : Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attn: Mr. Charles Alliman)

Date April 12, 1989

From :

645/m

[Redacted]
Security Programs Manager
Federal Bureau of Investigation (FBI)

b6
b7C

Subject :

SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WASHINGTON METROPOLITAN
FIELD OFFICE (WMFO)

ACTION MEMORANDUM

In accordance with Department Order 2620.6, entitled "Procedures For Requesting a Department of Justice Security Clearance For Non-Contractor Personnel Outside the Executive Branch," Interim "Top Secret" security clearances are being requested for the below-listed individuals:

CARL M. SHOFFLER
DPOB: June 17, 1945; Asland, Pennsylvania
SSAN: 206-34-6087
EMPLOYER: Metropolitan Police Department, (MPD),
Washington, D.C.

[Redacted]

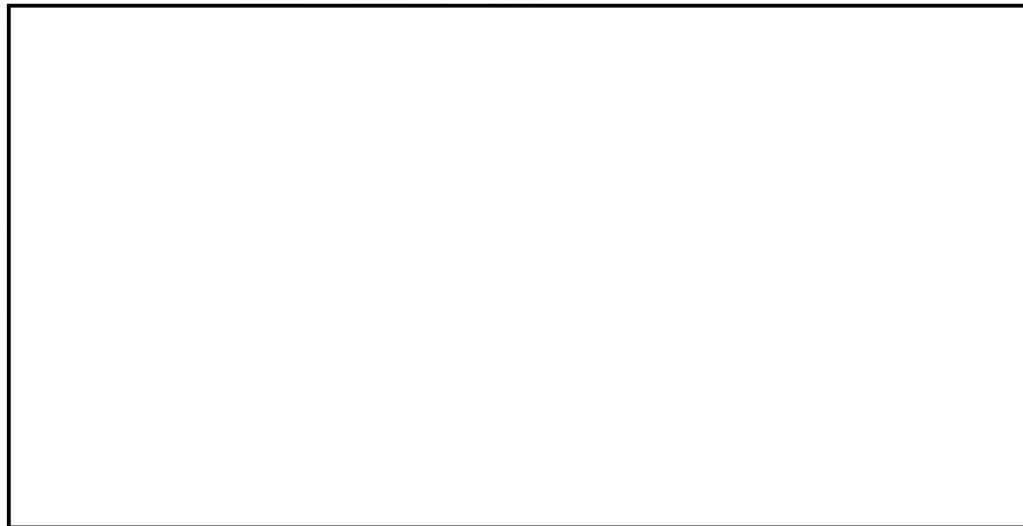
b6
b7C

[Redacted]

[Redacted]

259-1033-6
ENCLOSURE

Mr. D. Jerry Rubino



b6
b7C

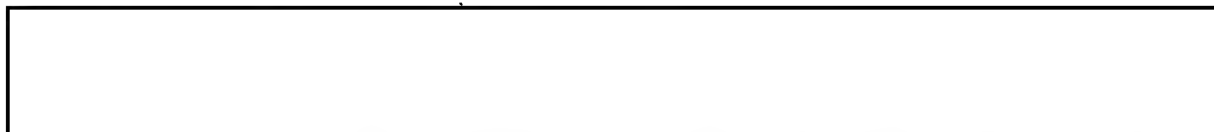
The above listed individuals are employed with local law enforcement agencies and are assigned to the FBI WMFO Joint Organized Crime Task Force. They will require immediate access to national security information.

The central files of FBIHQ and WMFO indices disclosed no information identifiable with [redacted]

b6
b7C

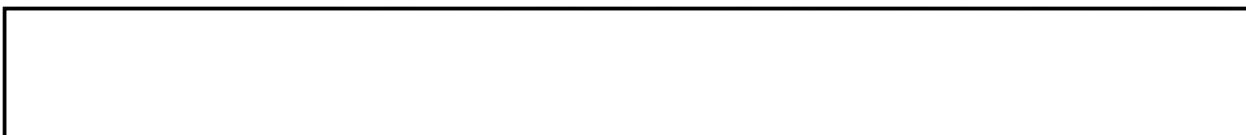
The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with [redacted] or Shoffler.

The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with [redacted] except as follows:



b6
b7C

[redacted] No further pertinent information was found.



[redacted] No further pertinent information was found.

A review of records, Identification Division, FBI Headquarters was negative concerning all candidates.

Mr. D. Jerry Rubino

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Records, Credit Bureau Incorporated, Silver Spring, Maryland, disclosed all candidates have a satisfactory credit rating.

The Department Security Officer is requested to authorize the initiation of background investigations on the above listed individuals.

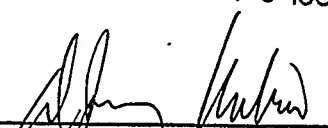
It is also requested the Department Security Officer approve the granting of interim "Top Secret" security clearances to them and furnish the appropriate Security Briefing Packages to the Security Programs Manager, FBI.

It is in the best interest of national security to grant these clearances.

Enclosed for your review are the candidates' SF-86.

✓ Approved: APR 19 1989

Disapproved:



Department Security Officer
Department of Justice

Department Security Officer
Department of Justice

SAC, Washington Metropolitan
Field Office (WMFO) (259C-New)

April 26, 1989

Director, FBI (259-1033)

0
CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO (FCI-SC)

Enclosed for WMFO is a package consisting of a letter from the DEPARTMENT OF JUSTICE (DOJ) addressed to MR. SHOFFLER, who is employed with the METROPOLITAN POLICE DEPARTMENT, 300 Indiana Avenue, Washington, D.C.; a SF-312, "Classified Information Nondisclosure Agreement"; and a copy of the 28 CFR, Part 17, concerning the safeguarding of classified information and material.

The DOJ has granted SHOFFLER an interim "Top Secret" security clearance. SHOFFLER is permitted to have access to classified information up to and including the "Top Secret" level on a need-to-know basis conditioned upon the receipt by DOJ of the signed Certification as found in DOJ letter, supra, and SF-312. SHOFFLER is also requested to read and become familiar with the enclosed regulations, which are to be retained by him.

The Security Officer is requested to ensure SHOFFLER is expeditiously contacted and furnished the above-mentioned documents. The signed documents are to be returned to FBIHQ, Industrial Security and Clearance Investigations Unit (ISCIU), Attention: Room 4382, for transmittal to DOJ.

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259-1033-6
SHOFFLER should be afforded a defensive security briefing to include foreign travel and possible contact by a hostile intelligence service. The defensive security briefing must be conducted by the division Security Officer or a Special Agent familiar with foreign counterintelligence investigations.

When access is no longer needed, the Security Officer should debrief SHOFFLER and advise FBIHQ, ISCIU.

FBIHQ will be sending instructions to initiate a full background investigation on SHOFFLER.

Exec AD Adm. _____
Exec AD Inv. _____
Exec AD LES _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Insp. _____
Intell. _____
Lab. _____
Legal Coun. _____
Off. Cong. & Public Affs. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Off. Liaison & Int. Affs. _____
Telephone Rm. _____
Director's Sec'y _____
MAIL ROOM ☒

JLF/HEC:njh (4)

259

CH/MS

RETURN TO
ROOM 4382,

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Memorandum to SAC, WMFO

NOTE: DOJ granted an interim clearance for SHOFFLER, in DOJ memorandum, dated April 19, 1989, captioned "Request for an Interim Top Secret Security Clearance."

AIRTEL

5/10/89

TO: DIRECTOR, FBI (259C-HQ-1033)
ATTN: SECURITY CLEARANCE INVESTIGATION
PROGRAM, RM 4252, TL# 242

DGK FROM: SAC, WMFO (A-4) (P)

SUBJECT: CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO (FCI-SC)

Re: BULET dated 4-26-89.

Enclosed for Headquarters are the signed National
Security Information Briefing Acknowledgment form and the signed
Department of Justice Letter regarding Access to National
Security Information. ⓧ

Captioned Subject has been contacted and briefed in
accordance with Re Memorandum. Areas covered in the briefing
included foreign travel, contacts with hostile and friendly
intelligence services, the common-carrier program, storage and
safeguarding of classified, and other pertinent areas.

1cc destroyed

② FBIHQ, ISCIU, RM 4382, TL# 242
ATTN:
2- WMFO
1- 259C-HQ-1033
1- WMFO Security Officer

MH:lah

2-ENCLOSURE

259-1033-7

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<i>type</i>
OCT 31 1989
<i>Y/M</i>



U.S. Department of Justice

Washington, D.C. 20530

APR 19 1989

Dear Mr. Shoffler:

Subject: Access to DOJ Classified
National Security Information

In accordance with 28 CFR Part 17, this office has granted you a Top Secret clearance for access to classified National Security Information and material classified up to and including Top Secret by the Department of Justice (DOJ). This clearance is limited to those documents for which you have a need-to-know.

This clearance is limited to information or material classified by or in the custody of the DOJ and information or material related to the performance of your duties only and is contingent upon your becoming familiar with and your agreement to comply with and adhere to the provisions of the enclosed regulation, when handling classified information.

Accordingly, you are requested to review the enclosed regulation and to sign both the certification as set forth below and Standard Form 312.

Sincerely,


D. Jerry Rubino
Department Security Officer

Enclosure

To: Department Security Officer
Room 6525, MAIN Justice Building

This is to certify that I will read and will become familiar with the subject regulations. I shall comply with the requirements thereof.

Name: Carl M Shoffler Date: 5-9-89

Note:
Please return this original signed document in its entirety along with Standard Form 312.

259-1033-7
ENCLOSURE

AN AGREEMENT BETWEEN Carl M. Shoffler

AND THE UNITED STATES

(Name of Individual - Printed or typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1(c) and 1.2(e) of Executive Order 12356, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and *952, Title 18, United States Code; *the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I do not now, nor will I ever, possess any right, interest, title, or claim whatsoever to such information. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Continue on reverse)

10. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me Sections 641, 793, 794, and *952, Title 18, United States Code, *Section 783(b), Title 50, United States Code, the Intelligence Identities Protection Act of 1982, Executive Order 12356 or its successor, and Section 2003.20, Title 32, Code of Federal Regulations, so that I may read them at this time, if I so choose.

SIGNATURE <i>Carl M Shoffler</i>	DATE <i>5-9-89</i>	SOCIAL SECURITY NUMBER (See Notice below) <i>206-34-6087</i>
-------------------------------------	-----------------------	---

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)
(Type or print)

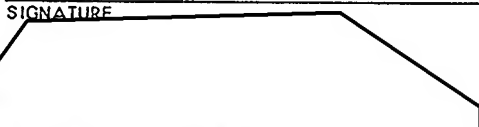
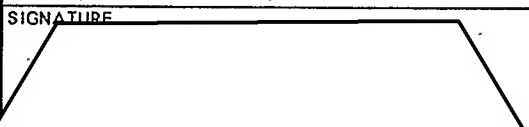
~~METROPOLITAN POLICE DEPARTMENT~~
300 IND AVE RM 5067
WASHINGTON DC 20001

WITNESS

ACCEPTANCE

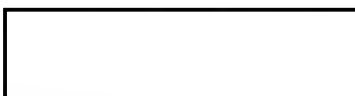
THE EXECUTION OF THIS AGREEMENT WAS
WITNESSED BY THE UNDERSIGNED.

THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON
BEHALF OF THE UNITED STATES GOVERNMENT.

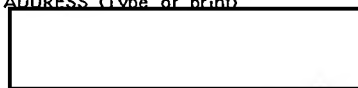
SIGNATURE 	DATE <i>5-9-89</i>	SIGNATURE 	DATE <i>5-9-89</i>
--	-----------------------	--	-----------------------

NAME AND ADDRESS (Type or print)

NAME AND ADDRESS (Type or print)



SECURITY OFFICER
FBI - WASHO



SECURITY OFFICER
FBI - WASHO

SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE	DATE
-----------------------	------

NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS
---------------------------------	----------------------

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attention: Mr. Charles Alliman)

May 24, 1989

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Security Programs Manager
Federal Bureau of Investigation (FBI)

CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO

INFORMATION MEMORANDUM

Reference is made to DOJ memorandum, dated April 19, 1989, captioned "Request for an Interim Top Secret Security Clearance," wherein an interim "Top Secret" security clearance was granted for CARL M. SHOFFLER.

Enclosed are the signed DOJ Acknowledgment letter and SF-312 for SHOFFLER.

A background investigation is being conducted on SHOFFLER by the FBI. You will be provided with a final summary of this investigation upon completion.

Enclosures (2)

259-1033

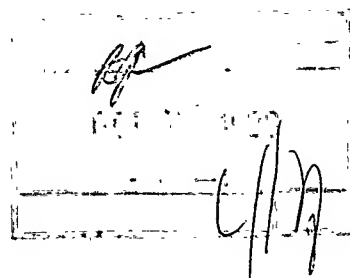
JJE/hec: JRC (3)

259-1033-8

Exec AD Adm. _____
Exec AD Inv. _____
Exec AD LES _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Insp. _____
Intell. _____
Lab. _____
Legal Coun. _____
Off. Cong. &
Public Affs. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Off. Liaison &
Int. Affs. _____
Telephone Rm. _____
Director's Sec'y _____

MAIL ROOM ☐

645/100
Hand carried to DOJ 5/25/89



TRANSMIT VIA: AIRTEL

CLASSIFICATION: _____

DATE: 1/18/90

FROM: Director, FBI (259C-1033)

TO: SACs, Baltimore
 Philadelphia
 Pittsburgh
 St. Louis
 Washington Metropolitan Field Office (WMFO)

0
 CARL M. SHOFFLER
 SECURITY CLEARANCE INVESTIGATIONS PROGRAM
 FBI JOINT TASK FORCE - WMFO (FCI-SC)
 OO: BUREAU
 BUDED: 2/20/90

Reference is made to WMFO airtel to Director, with no copies to other offices, dated 2/27/89, captioned "SECURITY CLEARANCE INVESTIGATIONS PROGRAM; FBI JOINT TASK FORCE."

Enclosed for receiving offices are an SF-86 and release forms.

SHOFFLER is a candidate for a "Top Secret" security clearance and his investigation should cover a fifteen-year scope.

Conduct investigation in accordance with instructions contained in Part 1, Section 259, Manual of Investigative Operations and Guidelines..

RUC communication of completed investigation is to be submitted to FBIHQ, Industrial Security and Clearance Investigations Unit, Attention: Room 4382, FTS 324-3585.

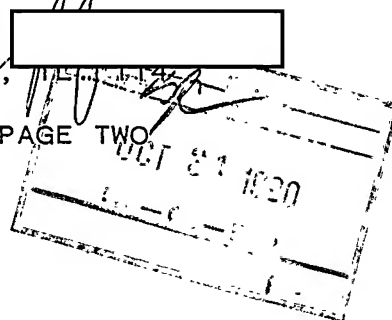
Enclosure (3)

F:cmj (12)

Exec AD Adm. _____
 Exec AD Inv. _____
 Exec AD LES _____
 Asst. Dir. _____
 Adm. Serv. _____
 Crim. Inv. _____
 Ident. _____
 Insp. _____
 Intell. _____
 Lab. _____
 Legal Coun. _____
 Off. Cong. & Public Affs. **3** _____
 Rec. Mgmt. _____
 Tech. Servs. _____
 Training _____
 Off. Liaison & Int. Affs. _____
 Telephone Rm. _____
 Director's Sec'y _____

RETURN TO
 ROOM 4382,

SEE NOTE PAGE TWO



MAIL ROOM **OK** C/Sml 1/22/90

Airtel to SACs, Baltimore, et al.

Re: Carl M. Shoffler

Security Clearance Investigations Program

FBI Joint Task Force - WMFO (FCI-SC)

OO: Bureau

Buded: 2/20/90

SHOFFLER was granted an interim "Top Secret" security clearance on 4/19/89.

Pittsburgh: Verify candidate's date and place of birth.

WMFO: At current employment, review personnel file and interview supervisor and at least three co-workers.

NOTE: DOJ memorandum, dated 4/19/89, captioned "REQUEST FOR A INTERIM TOP SECRET SECURITY CLEARANCES," granted SHOFFLER a "Top Secret" security clearance and approve the initiation of his background investigation.

Due to the limited resources at the time the field office requested a full field background investigation (FFBI), an interim clearance was obtained for the candidate and the FFBI was delayed.

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

Part 1

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33.)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address			ZIP Code		
L SOI	M Location of Security Folder	None At SOI NPI	Other Address			ZIP Code		
N SIBAC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number (including Area Code)		Date	

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME Last Name: <u>SHOFFLER</u> First Name: <u>CARL</u> Middle Name: <u>m</u> Abbrev.: <u></u>	2 DATE OF BIRTH Month: <u>6</u> Day: <u>17</u> Year: <u>45</u>
3 PLACE OF BIRTH City: <u>ASHLAND</u> County: <u>NORTHUMBERLAND</u> State: <u>PA</u> Country (if not in the United States): <u></u>	4 SOCIAL SECURITY NUMBER <u>206-341-6087</u>
5 OTHER NAMES USED Name: <u></u> Month/Year From: <u></u> To: <u></u> Name: <u></u> Month/Year From: <u></u> To: <u></u> Name: <u></u> Month/Year From: <u></u> To: <u></u>	
6 OTHER IDENTIFYING INFORMATION Height (feet and inches): <u>5' 10"</u> Weight (pounds): <u>210</u> Hair Color: <u>BROWN</u> Eye Color: <u>BROWN</u> Sex (mark one box): <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
7 TELEPHONE NUMBERS Work (include Area Code and extension): <u>202-727-4312</u> Home (include Area Code): <u>301-464-2427</u>	
8a CITIZENSHIP Mark the box at the right that applies to you and follow the instructions next to the box you marked. I am a U.S. citizen by birth in the U.S. <input checked="" type="checkbox"/> Go to 8c I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/> Go to 8b I am not a U.S. citizen. <input type="checkbox"/> Go to 8d	
8b UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., enter your mother's maiden name in the box to the right and provide information about one or more of the following proofs of your citizenship. Then go to Item 8c. Mother's Maiden Name: <u></u>	
8c DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country: <u></u>	
8d ALIEN If you are an alien, provide the following information: Place You Entered the United States: <u></u> City: <u></u> State: <u></u> Date You Entered U.S.: <u>25/1/53</u> Alien Registration Number: <u>9</u> Country of Citizenship: <u></u>	

9 WHERE YOU HAVE LIVED

Your Address. In this column, give the information requested for every place you have lived for the past 15 years. Begin with where you live now and work backwards. For any address within the past 3 years that consisted of "General Delivery", a Rural Route, or Star Route, with no designated street address, don't give that as your address; give where you actually lived and then provide in the space available on page 6 general directions for locating it.

Month/Year Month/Year Street Address (include apartment number, if any)
 5-76 To Present 2930 Tallow Lane
 City State ZIP Code
 Bowie Md 20715
 Country (if outside the United States)

Month/Year Month/Year Street Address (include apartment number, if any)
 1-73 To 5-76 3808 28th Ave
 City State ZIP Code
 Hillcrest Hgts Md 20748
 Country (if outside the United States)

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

Month/Year Month/Year Street Address (include apartment number, if any)
 To
 City State ZIP Code
 Country (if outside the United States)

People Who Knew You. Use this column only for those residences you show on the left that you occupied during the last 3 years. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.

Name
 Street Address (include apartment number, if any)
 City
 State ZIP Code

Name
 Street Address (include apartment number, if any)
 City
 State ZIP Code

Name
 Street Address (include apartment number, if any)
 City
 State ZIP Code

Name
 Street Address (include apartment number, if any)
 City
 State ZIP Code

Name
 Street Address (include apartment number, if any)
 City
 State ZIP Code

10 WHERE YOU WENT TO SCHOOL

Schools You Attended. In this column, give the information requested below for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended:

1-High School 2-College/University 3-Vocational/Trade School

Month/Year Month/Year Code Name of School
 9-76 To 5-78 2 PG. Community
 Street Address Degree/Diploma/Other (show each degree and date received if Code 2.)
 Rt 202
 City State ZIP Code
 Largo Md

Month/Year Month/Year Code Name of School
 9-60 To 5-63 1 Kulpmont High
 Street Address Degree/Diploma/Other (show each degree and date received if Code 2.)
 City State ZIP Code
 Kulpmont Pa

People Who Knew You. Use this column only for those schools you show on the left that you attended in the last 3 years. Across from each such school, give the name and address of someone (such as an instructor or student) who knew you at the school.

Name (instructor, student, etc.)
 Street Address (include apartment number, if any)
 City
 State ZIP Code

Name (instructor, student, etc.)
 Street Address (include apartment number, if any)
 City
 State ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

11 YOUR EMPLOYMENT HISTORY Fill in your employment and military history. Begin with the present and backwards 15 years. Include:

- all full-time work
- all part-time work
- all paid work
- all voluntary work
- active military duty
- self-employment
- all periods of unemployment

- If you were in the military, list each duty station as a separate period of employment.
- If you worked under a contract with the Federal Government, name your employer, not the Government agency.
- If you were self-employed or unemployed, name someone who can verify it.
- If you list an employer or actual place of employment at a location outside the U.S., show city and country in the space for city.

Use the following codes for each segment of your employment history:

- | | | | |
|----------------------------|-----------------------------------|----------------------|------------------|
| 1 - Active military duty | 3 - U.S.P.H.S. Commissioned Corps | 5 - State employment | 7 - Unemployment |
| 2 - National Guard/Reserve | 4 - Other Federal employment | 6 - Self-employment | 8 - Other |

Employment. Provide the information requested for each period of employment. Give the name of your employer. Enter "self-employed" in the box for employer's name when appropriate, and "unemployed" for periods of unemployment.

Immediate Supervisor OR Person to Verify Self-employment or Unemployment. Across from each employment on the left, provide the information requested below.

Month/Year Month/Year		Code	Your Position		Supervisor's/Person's Name		Telephone Number	
7-69 To Present								
Employer's Name				Telephone Number		Street Address (if different than employer's)		
Metropolitan Police Department				(202) 727-4312				
Employer's Street Address			City (Country)		State	ZIP Code	City	
300 IND Ave			WASHINGTON		DC	20001	b6 b7C	
Actual job location if different from employer's address:		Street Address		City (Country)		State		ZIP Code
Month/Year Month/Year		Code	Your Position		Supervisor's/Person's Name		Telephone Number	
9-65 To 7-69		1	SOLIER					
Employer's Name				Telephone Number		Street Address (if different than employer's)		
U.S. ARMY SECURITY AGENCY				()				
Employer's Street Address			City (Country)		State	ZIP Code	City	
Actual job location if different from employer's address:		Street Address		City (Country)		State		ZIP Code
Month/Year Month/Year		Code	Your Position		Supervisor's/Person's Name		Telephone Number	
To								
Employer's Name				Telephone Number		Street Address (if different than employer's)		
				()				
Employer's Street Address			City (Country)		State	ZIP Code	City	
Actual job location if different from employer's address:		Street Address		City (Country)		State		ZIP Code
Month/Year Month/Year		Code	Your Position		Supervisor's/Person's Name		Telephone Number	
To								
Employer's Name				Telephone Number		Street Address (if different than employer's)		
				()				
Employer's Street Address			City (Country)		State	ZIP Code	City	
Actual job location if different from employer's address:		Street Address		City (Country)		State		ZIP Code
Month/Year Month/Year		Code	Your Position		Supervisor's/Person's Name		Telephone Number	
To								
Employer's Name				Telephone Number		Street Address (if different than employer's)		
				()				
Employer's Street Address			City (Country)		State	ZIP Code	City	
Actual job location if different from employer's address:		Street Address		City (Country)		State		ZIP Code
Month/Year Month/Year		Code	Your Position		Supervisor's/Person's Name		Telephone Number	
To								
Employer's Name				Telephone Number		Street Address (if different than employer's)		
				()				
Employer's Street Address			City (Country)		State	ZIP Code	City	
Actual job location if different from employer's address:		Street Address		City (Country)		State		ZIP Code

Enter your Social Security Number before going to the next page.

206-34-6087

PB-6PM

12 PEOPLE WHO KNOW YOU WELL List four people who know you well and live in the United States.

• Don't list spouse, other relatives, or former spouses.

• Try not to list anyone mentioned in items 9, 10, or 11.

Name	Number of Years Known	Daytime Telephone Number	Name	Number of Years Known	Daytime Telephone Number
[Redacted]	8	[Redacted]	[Redacted]	18	[Redacted]
Home Address		[Redacted]	Home Address		[Redacted]
[Redacted]					
[Redacted]					
[Redacted]					
[Redacted]					
[Redacted]					
[Redacted]					

b6

b7C

13a YOUR MEMBERSHIP IN ORGANIZATIONS List all U.S.-based organizations, except labor unions, political, or religious organizations you belonged to in the last 15 years.

Membership From Month/Year To Month/Year	Name of Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

13b YOUR INVOLVEMENT IN FOREIGN ORGANIZATIONS List any foreign-based political or business organizations of which you have been a member, official, employee, or active participant at any time.

Involvement From Month/Year To Month/Year	Name of Foreign Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State

14 FOREIGN COUNTRIES YOU HAVE VISITED

• Do not include countries covered in items 9, 10, and 11.

• Use appropriate number code to show the purpose of your visit:

1 - Business

3 - Education

2 - Pleasure

4 - Other

In Country From Month/Year To Month/Year	Code	Country	In Country From Month/Year To Month/Year	Code	Country
6-66 6-67	1	Viet Nam			

15 PERSONAL CONTACT WITH FOREIGN NATIONALS

Have you ever had a personal or continuing contact with a national of a Soviet, Soviet bloc, or communist country? If "YES", provide the information below.

Period of Contact (From/To)	Name of National	Country of National	Nature of Contact

16a MILITARY AND/OR MERCHANT MARINE SERVICE.

Have you served in the United States military?

Have you served in the United States Merchant Marine?

(If you served in the United States military, go to 16b and 16c; if you only served in the United States Merchant Marine, go to 16c; if you answered "NO" to both questions, go to question 17.)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

16b CURRENT MILITARY STATUS Mark the box that corresponds to your current military status.☒ None☐ Active Duty☐ Active Reserve☐ National Guard☐ Inactive Reserve☐ Retired

Enter your Social Security Number before going to the next page.

206-34-6087

1 - Mother	4 - Stepfather	7 - Stepchild	10 - Stepbrother	13 - Half-sister	16 - Guardian
2 - Father	5 - Foster parent	8 - Brother	11 - Stepsister	14 - Father-in-law	
3 - Stepmother	6 - Child (<i>adopted also</i>)	9 - Sister	12 - Half-brother	15 - Mother-in-law	

18 YOUR MARITAL STATUS Mark one of the following boxes to show your current marital status:

6 - Widowiec

_____ (names, birth dates, birth places, dates of death, and show dates used for each name)

U.S.

If Separated, Date of Separation (Mo./Day/Yr.)

11. If Legally Separated, where is the Record Located? City/Country/

Address of Current Spouse (Street, city, and country if outside the U.S.)

State ZIP Code

Former Spouse(s) Complete the following about your former spouse(s).

Address of Former Spouse (Street, city, and country if outside the U.S.)

State, ZIP Code

Yes	No
	<input checked="" type="checkbox"/>

Enter your Social Security Number before going to the next page.

→ 206-34-6087

Space For Continuing Answers.

CONTINUATION SPACE: Use the continuation sheets(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions. If more space is needed than what is provided below, go to page 9. Before each answer, identify the number of the question.

WMPD
WMPD
Bo
17-
17-
17-

b6
b7C

16- U.S. ARMY security AGENCY - TOP SECRET CRYPTO CLEARANCE

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page.

206-134-6087

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Part 2

OPM
USE
ONLY

Codes

Case Number

Your Selective Service Record

20a Are you a male born after December 31, 1959? If "Yes", go to 20b. If "No", go to 21.

Yes No

20b Have you registered with the Selective Service System? If "Yes", give your registration number:

20c If you answered "No", to 20b, are you legally exempt? If "Yes", state the reason for the exemption:

Your Military Record

21a Have you ever received other than an honorable discharge from the military? If "Yes", provide:

Yes No

Date of Discharge (Month and Year):

Type of Discharge:

21b Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial.

Date (Month/Year)	Charge or Specification	Place (City and county/country if outside the United States)	State

Your Employment Record

22 Has any of the following happened to you in the last 15 years? If "Yes", begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.

Yes No

Use the following codes to explain the reason your employment was ended:

- 1 - Fired from job
2 - Quit a job after being told you'd be fired
3 - Left a job by mutual agreement following allegations of misconduct
4 - Left a job by mutual agreement following allegations of unsatisfactory performance
5 - Left a job for other reasons under unfavorable circumstances

Date (Month/Year)	Code	Employer's Name and Address	State	ZIP Code

Your Police Record

23 If you answer "Yes", to a, b, c, d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16th birthday.

Yes No

23a Have you ever been arrested, charged, or convicted of a felony offense?

23b Have you ever been arrested, charged, or convicted of a firearms or explosives charge?

23c Are there currently any charges pending against you for any criminal offense?

23d Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?

23e Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100.

Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine

24 This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or other dangerous or illegal drugs.

Yes No

24a Do you now use, or within the last 5 years have you used, alcoholic beverages habitually to excess?

24b Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs?

24c If you answered "Yes" to question a or b above, provide at the top of page 8 information relating to the types of substance(s) used, the periods and frequency of use for each, and any other details or explanation relating to your use of these substances.

Enter your Social Security Number before going to the next page.

206-134-16087

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine (Continued)

From (Month/Year)	To (Month/Year)	Type of Substance Used	Explanation (In your comments be sure to give frequency of your use during each period you listed, including the period of most recent use.)

Your Medical Record

25 Have you ever had a nervous breakdown or have you ever had medical treatment for a mental condition? If "Yes", provide information below. Give period of treatment under "From/To" starting from the present. Yes ☐ No ☒

From (Month/Year)	To (Month/Year)	Name/Address of Person, Hospital, or Institution Providing Treatment (Include country if outside the United States)	State	ZIP Code

Your Investigations Record

26 Has the United States Government ever investigated your background? If "Yes", use the codes that follow to provide the requested information below. If "Yes", but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No", or you don't know or can't recall if you were investigated and cleared, check the "No" box. Yes ☒ No ☐

Codes for Investigating Agency

- 1 - Defense Department
- 2 - State Department
- 3 - Office of Personnel Management
- 4 - FBI
- 5 - Treasury Department
- 6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
- 1 - Confidential
- 2 - Secret
- 3 - Top Secret
- 4 - Sensitive Compartmented Information
- 5 - Q-Sensitive
- 6 - Q-Nonsensitive
- 7 - L
- 8 - Other

Date (Month/Year)	Agency Code	Other Agency	Clearance Code	Date (Month/Year)	Agency Code	Other Agency	Clearance Code
12-65		DON'T RECALL	0	6-81	2		2

27 To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from Government employment? If "Yes", give date of action and agency. Yes ☐ No ☒

Date (Month/Year)	Department or Agency Taking Action	Date (Month/Year)	Department or Agency Taking Action

Your Financial Record

28a Have you, your spouse, or a company effectively controlled by you filed for bankruptcy? Yes ☐ No ☒
28b Have you, your spouse, or a company effectively controlled by you been declared bankrupt? Yes ☐ No ☒
28c Have you, your spouse, or a company effectively controlled by you been subject to a tax lien or other lien? Yes ☐ No ☒
28d Have you, your spouse, or a company effectively controlled by you had legal judgement rendered against you for a debt? Yes ☐ No ☒

If you answered "Yes" to a, b, c, or d above, provide date of initial action and other information requested below.

Date (Month/Year)	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

29 Are you now over ninety (90) days delinquent on any loan or financial obligation? Include delinquent loans or obligations funded or guaranteed by the Federal Government. (If your answer is "Yes", provide date loan or obligation was made and other information requested below.) Yes ☐ No ☒

Date (Month/Year)	Type of Loan or Obligation	Name/Address of Creditor or Obligor	State	ZIP Code

Enter your Social Security Number before going to the next page.

206-1341-6087

Your Association Record

	Yes	No
30a Have you ever been a member, officer, or employee of the Communist Party?		X
30b Have you ever been a member, officer, or employee of any organization, association, or group which: 1) advocates the overthrow of our Government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of Government by unconstitutional means?		X
30c Have you ever made a financial or other material contribution to any organization of the type described in Questions 30a or 30b? If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f.		X
30d At the time of your membership, participation, or contribution did you know of the unlawful aims of the organization(s)?		
30e Did you intend to promote the unlawful aims of the organization(s)?		
30f List each organization and provide an explanation of your involvement and activities with each one:		

Continuation Space

Use the continuation sheet(s) (*SF 86A*) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the question.

After completing Parts 1 and 2 of this form, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

I read and understood the instructions explaining the purpose of this form and the Federal Government's authority for asking the questions. I read each question asked of me and understood each question. I understand that if I did not tell the truth on this form or did not list all relevant or material facts or events, the Federal Government may fire me, may not hire me, may deny or revoke my clearance, or may prosecute me. I understand that prosecution may result in my being fined up to \$10,000, imprisoned up to 5 years, or both.

Signature (Sign in ink)

Date _____

Signature (Sign in Ink)

Carl M Shoffler

11-30-88

Enter your Social Security Number before going to the next page.

206-34-6087

UNITED STATES OF AMERICA

Carefully read this authorization to release information about you, then sign and date it in ink.

AUTHORITY FOR RELEASE OF INFORMATION

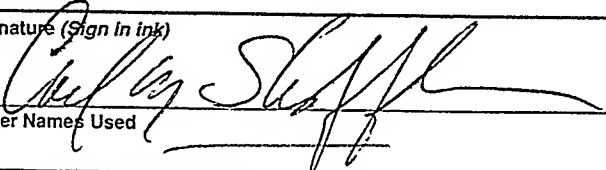
I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies; financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature (Sign in ink) 		Full Name (Typed) CARL M. SHOFFLER	
Other Names Used		Social Security Number 206-34-6087	
Current Address (Street, City) 2930 TALLOW LANE Bowie Md.		State Md	ZIP Code 20715
Date 12-15-88	Parent/Guardian Signature (If Required)		

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Special Agent or other authorized representative of the Federal Bureau of Investigation bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation. Consent is granted for the Federal Bureau of Investigation to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the FBI will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name:

Carl M. Shoffler
(Signature)

(Include maiden & any other previously-used name)

Full Name:

CARL M SHOFFLER
(Typed or Printed)

(Include maiden & any other previously-used name)

Social Security Account Number:

206 34 6087

Parent or Guardian:
(If required)

Date:

11-30-88

Current Address:

2930 TALLOW LANE

Bowie Md 20715

Telephone Number:

301-464-2427

CPA/Bar Membership(s) STATE

REGISTRATION NUMBER

Witness:

(Special Agent)
Federal Bureau of Investigation

~~ENCLOSURE~~

INSTRUCTIONS: Please
sign and return one of
the two enclosed copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the information solicited from you by personnel of the FBI is needed to complete background inquiries required by the authority granted in Title 28, Part O, Subpart P, Paragraph 0.85, Subparagraph C, Code of Federal Regulations. The furnishing of this information is voluntary on your part and will be used to determine your eligibility for access to FBI space or certain FBI material.

You should also be aware that willfully making a false statement or concealing a material fact could be a basis for refusing you access to FBI space or certain FBI material, and may constitute a violation of Section 1001, Title 18, United States Code.

You are not required to execute this form; however, if you do not, this refusal may result in the inability of the FBI to obtain information necessary to complete background inquiries and thus lead to a denial of your request for access to FBI space or certain FBI material.

Curt M. Shoffe
(Signature of Applicant)

11/30/88
(Date)

259-1033-9

WMFO 259C-NEW

	<u>Name</u>	<u>DOB</u>	<u>Agency</u>
1.	CARL M. SHOFFLER	06/17/45	MPD, WDC
2.	[REDACTED]		
3.			
4.			
5.			
6.			
7.			

In an effort to expedite the process WMFO has conducted preliminary investigations consisting of credit and criminal and indices checks. The results of these checks are reported below:

On 12/20/88 a computerized check of the Central Criminal Records Exchange (CCRE), Virginia State Police (USP), Richmond, Va., failed to reflect any information identifiable with candidates [REDACTED]

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IA [REDACTED] caused a search to be made of the files of the Fairfax County, Virginia, Police Department, and was advised on 12/22/88, that no record was located regarding [REDACTED]. It is to be noted that in applicant matters only class 3 or 4 misdemeanors are available.

IA [REDACTED] caused a search to be made of the files of the Arlington, Virginia, Police Department, and was advised on 12/22/88 that no record was located concerning candidates [REDACTED]. It is to be noted that at all times an indefinite number of identified records are out of file and an accurate search can not be made.

IA [REDACTED] caused a search to be made of the files of the Washington, D.C. Metropolitan Police Department and was advised on 12/27/88, that no record was located concerning candidates SHOFFLER, [REDACTED]. It is to be noted that at all times an indefinite number of unidentified records are out of file and an accurate search can not be made.

IA [REDACTED] caused a search to be made of the files of the Credit Bureau, Incorporated, Silver Spring, Md. on 12/20/88. All of the candidates appeared to have satisfactory credit ratings. Copies of the credit reports have been enclosed with this communication.

259-1033-9
ENCLOSURE

WMFO 259C-NEW

On 1/5/88, IA [] caused a search to be made of the Herndon, Va. Police Department and no record was identifiable with the candidate, []

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On 1/10/89, IA [] searched the files of the U.S. Park Police and no identifiable adult criminal record could be located regarding any of the candidate.

A review of WMFO general indices, confidential indices and Elsur indices revealed numerous items identifiable with each of the candidates, none of which were derogatory. Each of the candidates have assisted with Bureau investigations in the past and that was the nature of the indices report.

WMFO is placing this matter in a pending inactive status awaiting the authorization of FBIHQ to conduct the appropriate background investigation.

OFI Form 79
March 1986

OPM-FIPC USE ONLY

NOTICE OF PERSONNEL INVESTIGATION

PART A: PERSONNEL INVESTIGATION INFORMATION (To be completed by investigating agency)

1. Subject's Full Name (Last) (First) (Middle) (Jr., Sr., II, etc.) SHOFFLER, CARL M.		2. SSN 206 34 6087		3. DOB 6 17 45									
4. Place of Birth (City, County, State, Country) ASHLAND, PA		5. Other Name(s) Used (Nee, AKA, FMN)											
6. Date Investigation Initiated 1/18/90		7. Agency File Number 259C-HQ-R-1033		8. Date and Type of Appointment									
9. Investigating Agency Name: FBI Address: P.O. BOX 1315 PITTSBURGH, PA 15230 SOI Code: <table border="1"><tr><td>D</td><td>J</td><td>0</td><td>2</td></tr></table>		D	J	0	2	10. Location of Agency File Name: Address: SOI Code: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
D	J	0	2										
11. Type of Investigation <input type="checkbox"/> BI (5 Years) <input type="checkbox"/> MBI <input type="checkbox"/> Periodic Reinvestigation (PRI) <input checked="" type="checkbox"/> SBI (15 Years) <input type="checkbox"/> LBI <input type="checkbox"/> Other (Specify)													
12. OPM Action Requested <input type="checkbox"/> Notice of Investigation Only <input checked="" type="checkbox"/> Notice of Investigation/Conduct SII Search b6 b7C													
Part A completed by IA <table border="1"><tr><td></td></tr></table> on 1/26/90 (Signature) (Date)					Completing Official's Telephone No. FTS: - COMM: (412) 471-2000								

PART B: OPM RECORD INFORMATION (To be completed by OPM-FIPC)

1. ☐ No Record Found
2. ☐ OPM File Attached
3. ☐ OPM Record Information Attached
4. ☐ A _____ investigation is currently being conducted by OPM.
You may resubmit a request for the results on or around _____
5. ☐ Notice of Investigation Only recorded
6. ☐ Other (Specify):

Part B
completed by _____ on _____
(Signature) (Date)

PART C: AGENCY ADJUDICATION ACTION (To be completed by adjudicating agency)

COMPLETE AND RETURN THIS FORM UPON FINAL ADJUDICATION OF THE COMPLETE CASE TO: OPM-FIPC, BOYERS PA 16018

- | | |
|--|---|
| 1. <input type="checkbox"/> Subject not contacted:
favorable determination | 7. <input type="checkbox"/> Letter of warning issued |
| 2. <input type="checkbox"/> Subject contacted:
favorable determination | 8. <input type="checkbox"/> Letter of reprimand issued |
| 3. <input type="checkbox"/> Subject terminated/resigned/withdrew
prior to determination | 9. <input type="checkbox"/> Suspension of 14 days or less |
| 4. <input type="checkbox"/> Subject not appointed due to security/suitability issues | |
| 5. <input type="checkbox"/> Subject removed due to security/suitability issues | |
| 6. <input type="checkbox"/> Other (Specify): | |

Part C
completed by _____ on _____
(Signature) (Date)

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b7C

FEDERAL BUREAU OF INVESTIGATION

REPORTING OFFICE PITTSBURGH	OFFICE OF ORIGIN BUREAU	DATE 2/5/90	INVESTIGATIVE PERIOD 1/26 - 1/30/90
TITLE OF CASE CARL M. SHOFFLER		REPORT MADE BY IA 	TYPED BY JLI
		CHARACTER OF CASE SECURITY CLEARANCE INVESTIGATIONS PROGRAM FBI JOINT TASK FORCE - WMFO (FOREIGN COUNTERINTELLIGENCE - SECURITY CLEARANCE)	

b6
b7CREFERENCE: BA airtel to FBIHQ, dated 1/18/90.

- P -

ADMINISTRATIVE:

"Where appropriate, Privacy Act (e) (3) data was furnished to persons interviewed. Express promises of confidentiality, both limited and unlimited, have been noted were granted."

APPROVED <i>[Signature]</i>	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW 259-1033-11
COPIES MADE: <i>[Signature]</i> ② - Bureau (259C-1033) 1 - Pittsburgh (259C-HQ-R-1033)		OCT 31 1990
Dissemination Record of Attached Report		Notations
Agency		
Request Recd.		
Date Fwd.		
How Fwd.		
By		

-A-
COVER PAGEb6
b7C

FBI/DOJ

Rec'd 2/7/90
SRL 259

259C-HQ-R-1033

LEAD

PITTSBURGH

AT PITTSBURGH, PA, (ALLEGHENY COUNTY)

Will forward original copy of OPM results upon receipt.

- B* -
COVER PAGE

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Copy to:

Report of: IA [REDACTED]
Date: February 3, 1990

Office: PITTSBURGH

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Field Office File #: 259C-HQ-R-1033

Bureau File #: 259C-1033

Title: CARL M. SHOFFLER

Character: Security Clearance Investigations Program
FBI Joint Task Force - WMFO (Foreign Counterintelligence - Security
Clearance)

Synopsis:

Birth verified.

- P 7 -

DETAILS:

On January 30, 1990, a check of records at the Commonwealth of Pennsylvania, Department of Health, Vital Statistics, New Castle, Pennsylvania (PA), 16103, verified that applicant was born Carl Marion Shoffler on June 17, 1945 at Barry Township, Schuylkill County, Pennsylvania to Allen Marion Shoffler and Elenore Larue Smith. This information was filed on June 21, 1945, under File No. 80603-45.

- 1* -

FEDERAL BUREAU OF INVESTIGATION

REPORTING OFFICE PHILADELPHIA	OFFICE OF ORIGIN BUREAU	DATE 2/6/90	INVESTIGATIVE PERIOD 2/1/90
TITLE OF CASE CARL M. SHOFFLER		REF SA 	TYPED BY
		CHARACTER OF CASE SECURITY CLEARANCE INVESTIGATIONS PROGRAM FBI JOINT TASK FORCE - WMFO FCI - SC	

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b7C

REFERENCE

Bureau airtel to Baltimore, et al, 1/18/90.

-RUC-

ADMINISTRATIVE

A review of the Philadelphia Indices (General and Elsur) provided no record of the candidate or members of his family.

Where appropriate, Privacy Act (e) (3) data was furnished to persons interviewed. Express promises of confidentiality, both limited and unlimited, have been noted where granted.

6

APPROVED <i>WJG/inf</i>	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW
COPIES MADE: <i>1cc destroyed</i> 2 - Bureau (Attn:) Room 4382) 1 - Philadelphia (259C-HQ-1033) (SQ11)		259-1033-12
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FEB 9 1990 FBI - PHILADELPHIA </div>
Dissemination Record of Attached Report		Notations <div style="text-align: right;"><i>WJG</i></div>
Agency		
Request Recd.		
Date Fwd.		
How Fwd.		
By		

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b7C

COVER PAGE

b6
b7C

*Rec'd 2/12
GRL*

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Copy to:

Report of:

SA [REDACTED]

Office:

Philadelphia,
Pennsylvania

b6
b7C

Date:

2/6/90

Field Office File #:

PH 259C-HQ-1033

Bureau File #:

Title:

CARL M. SHOFFLER

Character:

SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOIN TASK FORCE - WMFO (FCI-SC)

Synopsis:

No arrest records located.

-RUC-

DETAILS:

Indices check conducted by Support Employee (SE) [REDACTED]
[REDACTED] PENNSYLVANIA STATE POLICE (PSP) checks conducted
by SE [REDACTED] remaining investigation conducted by
Special Agent (SA) [REDACTED]

b6
b7C

259C-HQ-1033 (SQ 11)
TKC:djl

CARL M. SHOFFLER

ARREST

On February 1, 1990, Shamokin, Pennsylvania Police Chief JAMES HODGE, stated that a search of his department's records failed to reveal any record of the applicant's mother-in-law MARY BOYD or his

[REDACTED]

b6
b7C

Also on that same date, VICKEY MC CLOUD, Records Clerk, SUNBURY, PENNSYLVANIA POLICE DEPARTMENT stated that her search of that department's records did not reveal any mention of the applicant's

[REDACTED]

Note that Keiser, Pennsylvania, is part of Marion Heights, Pennsylvania, the PENNSYLVANIA STATE POLICE check covers that area.

PH 259C-HQ-1033 (SQ11)
TKC:aw

1

ARREST

On February 1, 1990, a CLEAN check provided no PENNSYLVANIA STATE POLICE (PSP) records for the candidate's relatives.

34

0852 MRI 02023

RR RUEHFB

DE FBIBA #0019 0442313

ZNR UUUUU

R 132250Z FEB 90

FM FBI BALTIMORE (259C-HQ-1033) (RUC)

TO DIRECTOR FBI/ROUTINE/

BT

UNCLAS

CITE: //3050:2420:SQ-15//

PASS: INDUSTRIAL SECURITY AND CLEARANCE INVESTIGATIONS UNIT,

ROOM 4382.

SUBJECT: CARL M. SHOFFLER; SECURITY CLEARANCE INVESTIGATIONS
PROGRAM; FBI JOINT TASK FORCE-WMFO (FCI-SC); OO: BUREAU; BUDED:
2/20/90.

RE BUREAU AIRTEL TO BALTIMORE ETAL, DATED 1/18/90 AND
CAPTIONED AS ABOVE.

NONE OF THE PERSONS CONTACTED REQUESTED CONFIDENTIALITY
UNDER THE PROVISIONS OF THE PRIVACY ACT.

ON 2/2/90,

100 detached

259-1033-13

4/15/90

Dep. Dir.	
ADD Adm.	
ADD Inv.	
Asst. Dir.:	
Adm. Serv.	
Crim. Inv.	
Ident.	
Insp.	
Intell.	
Lab.	
Legal Coun.	
Plan. & Insp.	
Rec. Mgmt.	
Tech. Serv.	
Training	
Off. of Cong. & Public Affs.	
Telephone Rm.	
Director's Sec'y	

INDUSTRIAL SECURITY AND
CLEARANCE INVESTIGATIONS UNIT

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2/15/90

PAGE TWO DE FBIBA 0019 UNCLAS

[] ADVISED HE IS [] IN WASHINGTON, D.C. AND HAS KNOWN THE CANDIDATE IN A PROFESSIONAL CAPACITY SINCE 1972, WHEN THE CANDIDATE WAS A POLICEMAN AND WORKED WITH HIM. HIS RELATIONSHIP WAS PURELY A BUSINESS RELATIONSHIP, HOWEVER, HE ADVISED THE CANDIDATE IS A CAPABLE AND ENERGETIC INVESTIGATOR. HE HAS NO REASON TO QUESTION CANDIDATE'S LOYALTY TO THE UNITED STATES AND ADVISED THAT HE WAS A PERSON OF GOOD CHARACTER AND REPUTATION. CAMPBELL IS NOT AWARE OF THE CANDIDATE EVER USING DRUGS OR ABUSING ALCOHOL AND DESCRIBED HIM AS A MENTALLY STABLE PERSON WHO LIVES WITHIN HIS MEANS. HE STATED HE WOULD RECOMMEND THE CANDIDATE FOR A SENSITIVE POSITION WITH THE UNITED STATES GOVERNMENT.

ARREST:

A CHECK OF THE MARYLAND STATE POLICE RECORDS FOR CARL M. SHOFFLER AND [] WAS NEGATIVE.

DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII):

ON 2/1/90, A CHECK OF THE DEFENSE CENTRAL INDEX OF INVESTIGATIONS FILES REVEALED NO RECORD FOR THE CANDIDATE.

MISCELLANEOUS:

ON 1/29/90, THE MARYLAND INTERAGENCY LAW ENFORCEMENT SYSTEM (MILES) WAS CHECKED WHICH REVEALED A VALID MARYLAND DRIVER'S

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PAGE THREE DE FBIBA 0019 UNCLAS

LICENSE FOR CARL MARRION SHOFFLER, WHO RESIDES AT 2930 TALLOW LANE, BOWIE, PRINCE GEORGES COUNTY, MD. 20715. HIS DATE OF BIRTH WAS SHOWN TO BE 6/17/45. HE HOLDS A MARYLAND VALID DRIVER'S LICENSE AND DOES NOT HAVE ANY CURRENT POINTS.

INDICES:

THE BALTIMORE GENERAL, CONFIDENTIAL, AND ELSUR INDICES WERE CHECKED WITH NEGATIVE RESULTS FOR CARL M. SHOFFLER, [REDACTED]

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[REDACTED]

BT

#0019

NNNN

FEDERAL BUREAU OF INVESTIGATION

REPORTING OFFICE ST. LOUIS	OFFICE OF ORIGIN BUREAU	DATE 2/16/90	INVESTIGATIVE PERIOD 1/31-2/16/90
TITLE OF CASE <div>D</div> CARL M. SHOFFLER		REPORT MADE BY IA <div></div>	TYPED BY: bjb
		CHARACTER OF CASE SECURITY CLEARANCE INVESTIGATIONS PROGRAM - FBI JOINT TASK FORCE - WMFO (FCI-SC)	

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REFERENCE: Buairtel to Baltimore, 1/18/90.

- RUC -

ADMINISTRATIVE:

Where appropriate, Privacy Act (e) (3) data was furnished to persons interviewed. Express promises of confidentiality, both limited and unlimited, have been noted where granted.

St. Louis Division General indices were negative regarding candidate.

(X)
E4

APPROVED <div>R/E4</div>	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW	
COPIES MADE: <div>2 - Bureau (259C-1033) (Attn: <div></div> Room 4382)</div>		<div>259-1033-14</div> <div>9 FEB 20 1990</div>	
1 - St. Louis (259C-HQ-R1033)			
DISSEMINATION RECORD OF ATTACHED REPORT		Notations	
Agency		<div>4382</div> <div>6/19/94</div>	
Request Recd.			
Date Fwd.			
How Fwd.			
By			

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Rec'd 2/21/90

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Copy to:

Report of: IA [REDACTED] Office: ST. LOUIS
Date: February 16, 1990
Field Office File #: SL 259C-HQ-R1033 Bureau File #: 259C-1033
Title: CARL M. SHOFFLER

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Character: SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE -
Synopsis: WASHINGTON METROPOLITAN FIELD OFFICE
(FOREIGN COUNTERINTELLIGENCE - SECURITY COUNTERMEASURES)

SHOFFLER served honorably in ARMY. Foreign service, awards, performance ratings, military occupations and security clearance reported.

- RUC -

DETAILS: AT ST. LOUIS, MISSOURI:Military Service

On February 16, 1990, a review of the records on file at the FEDERAL RECORDS CENTER, Military Branch, 9700 Page Boulevard, disclosed CARL MARRION SHOFFLER, service number 13 858 900, enlisted and entered on active duty in the ARMY on September 20, 1965, at Harrisburg, Pennsylvania. He was honorably released from active duty on June 19, 1969, as a specialist fourth class (E-4) (highest rank attained), at Warrenton, Virginia (completion of required service) and transferred to the ARMY RESERVE to complete his military obligation. He then served in the ARMY RESERVE, inactive status until September 19, 1971 when honorably discharged by reason of expiration of term of service.

SL 259C-HQ-R1033

He had foreign service in Vietnam from June, 1966 to May, 1967. He was awarded the National Defense Service Medal, Vietnam Service Medal, Republic of Vietnam Service Medal, Good Conduct Medal and the Expert Badge with Rifle Bar. There was no record of courts-martial or unauthorized absence and his performance was rated consistently as excellent.

His military occupations were listed as morse interceptor and stock control and accounting specialist. He was granted a TOP SECRET security clearance on March 21, 1966, which terminated at discharge.

His date and place of birth were shown as June 17, 1945, at Ashland, Pennsylvania.

AIRTEL

2/20/90

TO: DIRECTOR, FBI
(ATTN: INDUSTRIAL SECURITY AND CLEARANCE INVESTIGATIONS
UNIT, RM 4382, TL# 242)

FROM: SAC, WMFO (259C-HQ-1033) *Ruc*
(ATTN: SECURITY OFFICER, A-4)

SUBJECT: CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO (FCI-SC)
OO: BUREAU
BUDED: 2/20/90

RE: BU AT dated 1/18/90.

tached for FBIHQ is one copy of an SF 312 for the above named individual. *[Signature]*

On the date indicated on the enclosed SF 312, the WMFO Security Officer (or his designated representative) conducted a debriefing of the above captioned individual. Appropriate security regulations were discussed and the individual was reminded not to discuss any FBI information that they may have had access to with anyone. No FBI documents have been retained by the individual.

Inasmuch as captioned candidate is no longer involved in task force matters at WMFO, FBIHQ is requested to discontinue investigation.

1- ENCL...

259-1033-15

1cc detached

2- FBIHQ, ISCIU, RM 4382, TL 242
2- WMFO
1- 259C-HQ-1033
1- 259A-318
(Attn: Security Officer, A-4)
MH:daa

Rec'd 2/23/90

[Stamp: 4/1/90]

[Redacted Box]

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CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

CARL M SHOFFLEIR

AND THE UNITED STATES

(Name of Individual - Printed or typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1(c) and 1.2(e) of Executive Order 12356, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and *952, Title 18, United States Code, *the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I do not now, nor will I ever, possess any right, interest, title, or claim whatsoever to such information. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Continue on reverse)

10. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me Sections 641, 793, 794, 8, and *952, Title 18, United States Code, *Section 783(b), Title 50, United States Code, the Intelligence Identities Protection Act of 1982, Executive Order 12356 or its successor, and Section 2003.20, Title 32, Code of Federal Regulations, so that I may read them at this time, if I so choose.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER (See Notice below)

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)
(Type or print)

WITNESS

ACCEPTANCE

THE EXECUTION OF THIS AGREEMENT WAS
WITNESSED BY THE UNDERSIGNED.

THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON
BEHALF OF THE UNITED STATES GOVERNMENT.

SIGNATURE

DATE

SIGNATURE

DATE

NAME AND ADDRESS (Type or print)

NAME AND ADDRESS (Type or print)

SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE

DATE

NAME OF WITNESS (Type or print)

SIGNATURE OF WITNESS

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NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attn: Mr. Charles Alliman)

2/26/90

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Security Programs Manager
Federal Bureau of Investigation (FBI)

CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO

INFORMATION MEMORANDUM

Reference is made to DOJ memorandum dated 4/19/89,
captioned "Request for Interim Top Secret Security Clearances."

Referenced memorandum granted Shoffler an interim "Top
Secret" security clearance and approved the initiation of his
background investigation.

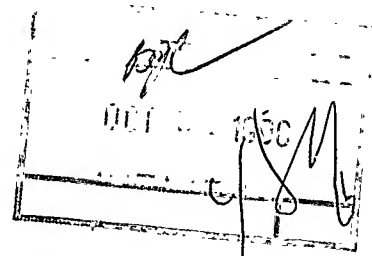
For the information of DOJ, Shoffler is no longer
involved in the WMFO FBI Joint Task Force and thus no longer
requires access to national security information (NSI).

His name should be deleted from the list of individuals
who require access to NSI in conjunction with the FBI Joint Task
Force Program.

259-1033
JLF:dlf (3)

259-1033-110

Exec AD Adm. ____
Exec AD Inv. ____
Exec AD LES ____
Asst. Dir.:
Adm. Servs. ____
Crim. Inv. ____
Ident. ____
Insp. ____
Intell. ____
Lab. ____
Legal Coun. ____
Off. Cong. &
Public Affs. ____
Rec. Mgnt. ____
Tech. Servs. ____
Training ____
Telephone Rm. ____
Director's Sec'y ____



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Original to DOJ on 2/26/90 by courier *[Signature]*